STUDENT NURSE MORAL DEVELOPMENT: - A CASE STUDY OF SECOND YEAR STUDENTS UNDERTAKING ENROLLED NURSE TRAINING IN KWAZULU-NATAL

BY

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IN THE DEPARTMENT OF NURSING SCIENCE AT THE UNIVERSITY OF ZULULAND

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DECLARATION

I Tutu Eunice Mhlambi declare that "Student nurse moral development: - A case study of second year students undertaking enrolled nurse training in KwaZulu-Natal" is my own effort. All sources used or quoted have been acknowledged by means of complete references.

Tutu Eunice Mhlambi

Date: 30/09/2016
DEDICATION

This study is dedicated to a number of people who have played important roles in my life. Firstly, my husband Mzamo for instilling in me, endurance, love, enthusiasm and sacrifice all coupled with the desire to improve myself. My four children, Lwazi, Nomfundo, Phumelele and Ndabenhle for their wonderful support, love, encouragement and understanding especially as I deprived them of love, care and attention while I compiled the study. Dedication also goes to my church for seeing me through with prayer up to this point, my friends for their support, prayers and encouragement, my in-laws and my late mother for the support and motivation to be where I am today.
ACKNOWLEDGEMENTS

The journey towards the completion of this work was made possible only by the contribution of a number of people. First of all, I thank God Almighty for giving power and strength and patience to carry me throughout this hard work even when I felt like giving up. I deeply extend my gratitude to my supervisor, Doctor R.M. Miya, for his patience guidance, encouragement, support and assistance in the completion of this study. I also express my sincere thanks to the Department of Health for granting me permission to conduct the study. Similarly, the medical superintendent, nurse manager in charge of the hospital and the chief executive officer all appreciated the value of this study and they too, awarded permission to collect data from their professional nurses.

I am grateful to the principals of the nursing campuses, unit managers and the professional nurses for allowing me to collect data from second year student nurses undergoing training in their institutions. The study would not have been completed, without the commitment of pupil nurses and to them, I am grateful that they availed themselves and allowed us time to discuss important issues related to the study.
ABSTRACT

Aim and Objectives:- The primary aim of the study was to investigate the moral development of second year pupil nurses undergoing training in institutions in KwaZulu - Natal. Secondary to a generic exploration, the study's secondary focus was on determining the extent to which moral development among these students, was facilitated by their course of study as trainee enrolled nurses.

Methodology:- A primarily qualitative multi-approach study was undertaken. Interviews were scheduled for both second year pupil nurses (n=50) and the professional nurses supervising (n=36) them in the wards. The schedule consisted of both structured questions and unstructured questions.

Results: - The study revealed an unexpectedly high prevalence of reported lack in moral development, as perceived by students and professional nurses. Results suggested that this may be due to either lack of specific development within the course of study and/or the possibility that affected student nurses still needed assistance from the professional nurses and the nurse educators in order to improve their moral development.

Recommendations and Conclusions: -
Based on these findings it was recommended that objectives of moral education should be clearly stated to pupil nurses. Moral education and training should be adapted to contemporary issues so as to increase moral reasoning, moral judgment and moral decision-making. Rules and regulations should be easily accessed by the pupil nurses. Supervision should also be strengthened within clinical learning environments.
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CHAPTER 1

STUDENT NURSE MORAL DEVELOPMENT: A CASE STUDY OF SECOND YEAR STUDENTS UNDERTAKING ENROLLED NURSE TRAINING IN KWAZULU-NATAL.

1.1 INTRODUCTION

Historically the global image of nursing has been centered on highly moral standards with nurse pioneers such as Florence Nightingale and Mary Seacole, being revered for their personal sacrifices, high moral standards and for their altruist characteristics above all (Polit & Beck, 2004; Yoffie & Slind, 2011). This background has contributed significantly to societal expectations about who nurses should be. Beyond this, by virtue of the significant caring role that nurses have, their imagery has always been heavily dependent on the acceptance of the high moral standards within which they operate. A brief review of the many of the nursing models of care confirms the importance of morality and person-centeredness as key foundational attributes of nurses. The 21st century has seen progressive critical appraisal of nurses and their fitness for practice with some contributors, identifying the erosion of morality among practicing nurses as perhaps the most significant threat to the sanctity of this profession (Bjarnason & Lasala, 2011). The perceived erosion of this and other humane attributes play centre-stage roles in the debates about the causal factors that have contributed to a general lack of belief in the "fitness for practice" of a significant number of practicing nurses (Weaver & Olson, 2006). The focus on the readiness of nurses for practice has centred on a number of issues, that include the role played by the quality of their pre-registration studies; weaknesses in the selection of potential nurses and a generalized moral deterioration in society (Green & Jackson, 2014; Tseng, Wang, & Weng, 2013). Within health care, questions about the quality of tuition and the wider nurse-pupil learning experience have received significant attention with much of the critique suggesting that the profession has overly focused on "theoretical class-room knowledge" over the softer skills/attributes such as caring and moral development, all to the detriment of the ultimate care being provided to patients. These questions represent serious considerations especially within the context of the importance of nursing in any society. Typically, the proportion of health care workers within any country represent the single largest workforce with countries such as the United Kingdom, the United States of America, India and Brazil, all showing that heath care
workers represent their single largest proportion of their workforce (Allan, Tschudin, & Horton, 2008; Sellman, 2011).

In keeping with the above-noted patterns, nurses in South Africa not only comprise the largest proportion of the overall human resources for health in the country but also play a prominent role in the delivery of public district health services. Nursing is a well-established profession in South Africa with approximately 278,616 nurses registered/enrolled with the South African Nursing Council (SANC) to practice nursing at the end of 2015 (South African Nurse Council) (SANC, 2016:23). SANC, the nursing regulatory body describes three categories of nurses and these include (i) registered or professional nurses who made up 49.1% (n=136,854) of those registered to practice; (ii) Enrolled nurse/midwife (also referred to as staff nurse) made up 25.2% (n=70,300). This is that category of practitioner who trained for two years as an enrolled nurse and thereafter trained as a midwife. This latter group should not be confused with the new category of staff nurse provided for in the Nursing Act, 2005. Finally, the council has a category for Enrolled nursing auxiliary (also referred to as nursing assistant) and this group included 71,462 (25.5%) auxiliaries who were enrolled to practice (SANC, 2015b)

Within South Africa, the practice of nurses over the last ten to fifteen years has undergone major transition, influenced by a growing demand for health care, changes occurring in the health, political, economic and education sectors of the country. In South Africa, The Nursing Act No. 33 of 2005 created the legislative framework for the review of scopes of practice for different categories of nurses to ensure that nursing and midwifery practice in South Africa is aligned to the needs of the healthcare system (South African Department of Health, 2010). Whilst most of the categories of nurses remained, a new mid-level nurse, the staff nurse, was created to replace the current enrolled nurse to resolve the challenges facing the restricted scope of practice of the current enrolled nurse that posed specific challenges for this category to participate effectively in the delivery of nursing services within differing contexts.

Amongst the many other professional requirements, nurses are expected to demonstrate professional maturity and to display good moral development in order to render quality health care to patients (Pera & Van Tonder 2011:11). All nurses, have moral and legal obligation to prevent risks to patients. Violation of moral rules and failure to observe moral principles by student nurses resulting in adverse effects to patients is an indication that they are lacking in moral development (Van Niekerk & Mogotlane 2004: 65; VanTonder 2011:6).
1.2 BACKGROUND OF THE STUDY

The nursing profession like most professions is characterized by extensive moral rules and values which should be observed by all nurses so as to protect the image of the nursing profession and to ensure the delivery of the expected types of care to members of society (Green & Jackson, 2014; Karnick, 2014). The acquisition of this professional identity and these practice-based competencies is learnt by students primarily through modelling in practice by professional nurses in the clinical area. The development of this described professional identity is a transitional process that is influenced primarily by a combination of the individuals’ pre-existing characteristics, the influence of their learning of theory and via experiential opportunities offered in practice (de Swart 2013:97). (Searle, Human and Mogotlane 2009:376) argue that, displaying a positive image of the profession by the pupil nurses is surmised as a combination of the learners showing themselves to be ethically well socialised so that they practice nursing with dignity, responsibility and accountability. If members of the nursing profession display positive attitudes, development of the nursing profession could become very easy. Nurses should note that quality of life of patient care depends upon the quality of care they provide to them. This should be instilled to the pupil nurses on training and to be emphasised throughout the course of training so that they reach high levels of moral integrity (Searle, Human and Mogotlane 2009:376).

Confirmation of the importance of issues related to the professional credibility of nursing continues to receive centre-stage attention a fact re-emphasised in a number of contexts e.g. The South African National Nursing Summit held in April 2011 in Johannesburg focussed on priorities that were centrally relevant to rebuilding and revitalising nursing as a profession for a long and healthy life for all South Africans. Within this, the summit highlighted the irrefutable importance of the morality of nursing and linked this to wider professionalism and resulting quality of care issues (Geyer 2013:22). Within this and other discussions about the required improvements in nursing, the role of Nursing education and training continues to be highlighted as a central facilitatory component of student inorder to promote their moral development.
1.3 STATEMENT OF THE PROBLEM

Nursing in South Africa is recognised as an indispensable component of health care system, which is faced with many challenges such as poor working conditions. These have adverse effects on nurses themselves such as lowering of their moral integrity resulting in poor standards of nursing care. Preparing nurses for the profession is a complex task facing nursing education especially when dealing with moral integrity, which is developed in order to prepare nurses to cope with numerous moral issues dilemmas that arise from scientific and technological progress (Pera & van Tonder 2011:37). The moral integrity of nurses in a number of countries including South Africa, has been questioned in a number of contexts with some including (Bjarnason & Lasala, 2011; Mebrouk, 2008) suggesting that most countries in the developing world have flawed practices which often fall short of the standards and ethical benchmarks by the World Health Organization (WHO). Some explanatory frameworks have suggested that, nursing as a profession, is being chosen as a career because of perceived financial benefits associated with it, rather than an individual’s commitment to caring for others(Mkhize and Nzimande 2007:12). The proposed view is that the majority of youth resort to nursing as a paying career, and they often find it difficult to adjust to the values and principles of nursing(Mkhize and Nzimande 2007:12). Beyond the challenges related to recruitment, nurse managers and professional nurses acknowledge their roles in shaping the organisational moral and ethical conduct of nurses by role modelling moral integrity and creating a moral climate that enhances moral education and moral development of nurses and learner nurses (Pera &van Tonder 2011:141). Even so, the Strategic Plan for Nursing Education, Training and Practice 2012/13- 2016/17 identified professional ethos, moral conduct and ethics as one of the eight major challenges facing Nursing in the country.

In addressing these challenges, a number of resolutions were taken in order to restore professionalism. For example, the strategic plan indicates a need for a comprehensive programme to restore ethics and respect in nursing. The programme should be aimed at rebuilding the noble and caring nature of nursing which in turn will result in restoring the status and dignity of nursing as a morally superior profession (DOH, 2012:43). Beyond that, the Strategic Plan called for in-service education programmes targeted at student nurses and qualified staff and to be implemented. Central to this is the agreement that nurse
education has an important role to play as the context in which initial role modelling of future nurses will occur. Therefore the imperative of preparing student nurses for moral development has influenced the researcher's decision to explore the nature and level of moral development of second year pupil nurses who were approaching their completion of training to ascertain whether their moral integrity level is adequate to deal with the challenges posed by the broader scope of their practice (DOH 2010:21).

1.4 PURPOSE OF THE STUDY

The study's primary focus is explore the nature and extent of moral development among second-year student nurses before training, during training in the classroom and in the clinical areas including the role played by the parents, the educators and the professional nurses in their moral development.

1.5 OBJECTIVES

Objectives of the study are to:

- Determine the nature and level of moral development of pupil nurses at their second year of training,
- Determine how pupil nurses are prepared for moral development during the training
- Identify the problems encountered by the student nurses during their training in the classroom that may hinder their moral development.
- Make recommendations with regards to what is expected of moral development of second year pupil nurses.

1.6 RESEARCH QUESTIONS

- What is the level of moral development of the student nurse during their second year of training?
- How are pupil nurses prepared for moral development within the course of study?
- What problems are they encountering during their training?
- What practice modifications should be recommended in order to promote moral development of pupil nurses at their level of training?
1.7 SIGNIFICANCE OF STUDY

This study aims to provide in-depth insights into the nature and level of moral development among nursing students as a basis for the later development of corrective interventions that can support the engendering of wider moral integrity amongst nurses. This is especially important given the generalised acknowledgment of the challenges that are facing nursing, particularly in terms of the negative public perceptions about morality and the quoted lack of professional behaviours within practitioners. The focus on second-year nursing students is especially significant as this is the stage of study where more complex attributes and competencies are being developed among learners. The establishment of morally sound practices contributes to the effective delivery of ethical and legal framework that facilitates quality care to consumers of health care (Searle 2009:359).

Beyond the direct contributions of the study, it will assist in the creation of moral awareness among students, professionals and authorities resulting in formulation of policies and strategies that may assist in improving and developing students moral integrity. The resolutions taken in the summit by the strategic plan for nursing education, training and practice 2012/2013, emphasized mainstreaming ethics in nursing education and training in all basic courses, which meant that ethos and ethics were to be taught at all levels of training. This would set a good guide for curricula that will assist in the development of moral integrity of pupils through engagement with the body of knowledge (DoH. 2012:44).

1.8 MOTIVATION FOR CONDUCTING THE STUDY.

The motivation for conducting the current study emanated from a combination of personal experiences by the researcher and the range of literary sources that confirm the growing crisis with respect to diminishing moral integrity amongst practitioners. With regard to anecdotal motivations, the researcher has worked with pupil nurses and the observation of their practice within designated clinical areas has revealed deteriorating moral behaviours during clinical practice towards patients, colleagues and other staff. These observations are strongly supported by the literature which reports the increasing reporting of behaviors that fall below the expected standards of moral development e.g. increasing reports of
absenteeism; complaints related to dissatisfaction by patients; increasing numbers of nurses charged with ethical misconduct (Granstra, 2015; Lamadah & Sayed, 2014). Some studies report general demoralisation among pupil nurses for example, long working hours and fatigue, all of which contribute to increased incidences of malpractice that results in hazards to patients (Oosthuizen & van der Wal 2011:133). Poor professional role models, lack of mentoring and lack of supervision in the clinical setting, contribute to poor moral development among nurses on training. Where there is no guidance, teaching and supervision professional growth is hindered. (Oosthuizen & van der Wal 2011:258). It has been reported that due to overwork and as a result of working prolonged hours, nurses show an increased tendency towards a range of unacceptable behaviours e.g. a report on charges against nurses (from 1999 to 2010) indicated that, in South Africa alone, over 1000 nurses were taken for disciplinary hearings (Venter, 2010).

1.9 DEFINITION AND TERMS

The study focuses on a number of concepts, some of which require clarification to ensure clarity in the way they have been applied within the study. Each has been defined below.

1.9.1 Moral Development

The term ‘moral’ tends to refer to the norms of conduct which individuals uphold and to which they are expected to adhere (Oosthuizen and van der Wal 2011:6). Morality relates to conforming to the rules of a particular society, which are designed by that particular society. Moral conduct is therefore a type of social conduct. It also refers to a the moral of conduct which individuals and professional group uphold and adhere to (Jooste 2010:21). In conclusion morality refers to ought to’s and ought’s not of life. For example moral principles are the Ten Commandments in the Bible (Pera and Tonder 2011:4). Moral integrity is developed by role modeling the behavior to kids, for good behavior they are given token or punishment for non-complying.

Morality refers to what is right, wrong, good or bad (Oxford Dictionary, 2015). Within the current study, moral development is conceptualised as the the process of socialisation whereby second year student nurses are introduced to the ethics and professional practice expectations of nursing during commencement of training in order to shape their
moral integrity. This process culminates in acceptable moral practice in the clinical areas and after work when they are engaged in their daily lives.

- **Attitudes** are values in nature and are characterized by cognitive, affective and behavioural components. They are assessed as positive and negative. Nurses are socialized in order to have positive attitudes towards the patients (van Tonder 2011:9). The attitudes of the first year pupil nurse also will tend to differ from those of the second year one. This will depend upon their socialisation.

- **Beliefs** are the most basic values that do not change. Beliefs are the cognitive components that are based on faith. It should be instilled to nurses on training so that they provide ‘good nursing care’. If this happens definitely patient care might be improved may even get better Beliefs are also related to what is true or false or correct or wrong (Pera and van Tonder 2011:10).

- **Self-value** is another value which means that a person is worth a significant value to others. It is also an expression of love and ability to become involved with other people (Mellish 2011:4). Nursing as an interactive process make use of self values in order to facilitate successful interaction with other nurses and the patients. Nursing as a human phenomenon, is a specific type of behaviour which is interpersonal because it exists only through interaction between two human beings that is, the nurse and the patient (Mellish 2011:5).

- **Values of life** are the principle that states the fact that the fundamental responsibility of the nurses is preservation or conservation of life. Without human life, there is neither ethics nor mortality according to (Searle 2009:105). Values are expressed through conduct and they enable the nurse to make decisions, clarification of values, frame problems, take alternatives, and solve problems and direct judgment (Searle 2009:10).

- **Value privacy** was derived from the principle ‘respect every person’s privacy. Values are considerations that direct everybody's actions for example; the nurse can cheat and record the observations when it was not done, but because of the principle of honesty the nurse will follow the correct procedure after that observation by recording the observation in reality (Pera& van Tonder 2011: 103).
- **Caring value**: these caring values are often repeated in nursing because they are fundamental to nursing practice, so should be emphasized to all the nurses throughout their training. These should be based on human values because the centre of care is the patient. Nurse's responses to the patient's needs should be humane as nursing is a human activity (Mellish 2011:2). Caring is a very important role of the nurse. It is for this reason that the patients will always consult a nurse for caring, if this does not happen this will be a sign of immaturity. The caring values of second year pupil nurses definitely will differ from those of the first year pupil nurses. This is why the professional nurses will have to assess this carefully.

- **Professional values** these are formed by a professional group and they are promoted by the professional codes of ethics and practice of nursing. These values are imparted to the learner nurses through socialisation (Geyer 2011:22).

### 1.9.2 The five C's as value of caring

As it has been commented above that caring is fundamental to nursing, so caring should be emphasised to learner nurses on training. According to (Geyer 2013: 134) there are five Cs that explain caring namely: compassion, conscience, commitment, confidence and competence.

- **Compassion** is a caring behaviour characterized by empathy and emotional attachment as well as kindness (Geyer 2013:134). The second year pupil nurses expected to display empathy to all patients in the clinical areas as without this compassion, the nurse will not be able to provide quality care to patients. Displaying of compassion signifies that any nurse had gained good moral development.

- **Consciousness** is a state of ethical and moral awareness which can be developed and disciplined. It is learned from childhood where parents and teachers instill to each child so as to know what is right or wrong. It forms the basis of value on which decision making and judgment are formed. Conscience is associated with loyalty especially when providing nursing care according to (Geyer 2013:134). This value
system has to be very prominent on the second year pupil nurses as compared to the first year pupil nurses as this will be based on experience and advanced moral development.

- **Commitment** means accepting the concepts and responsibilities which form part of nursing as a whole. Commitment includes observations of moral or ethical norms and provision of high standards of nursing care to a person in need of care (Geyer 2013:134). Commitment is defined as full willingness and open eyed acceptance of one’s full share of life with love given and received, hopes and disappointment, its sorrows and joys. Nurses show commitment by declaring in the public the nurses pledge on completion of their training which is the modified code of ethics (Jooste 2010:25). At the end of second year, the pupil nurses would have gained a lot of experience and should display the kind of commitment which is cemented by the pledge of service. So it could be very much appreciated if second year pupil nurses display commitment to their patients, families, the public at large and in the nursing profession as a whole as it will mean they were fully developed morally.

- **Confidence** is a very special quality which fosters trust without dependency open communication and trust without violence. The patients divulge information to nurses because they had confidence in them. Nurses are legally and ethically bound to maintain professional secrecy in patient’s matters. Any second year pupil nurse need to develop this confidence and perform their duties with competence, so that trusting relationship is established with the patients according to (Geyer 2013:134 and Jooste 2010:25).

- **Competence** is a state of having knowledge, judgment, skills, energy, experience and motivation required to respond adequately to the demands of ones professional responsibilities according to (Geyer 2013:134). It is gradually gained as one grows to professional maturity. It goes together with respect of human dignity when rendering service to mankind. Value of competence also entails a high level of commitment to the profession as it is based on accurate knowledge and ability to perform skills in an efficient manner (Jooste 2010:25).
1.10 VIRTUE

Virtue indicates the inherent characteristics of a person and also implies that ethical values have been internalised as they form part of a person’s character. (Pera & van Tonder 2011: 46) Actions become moral without supervision or without necessary rules. When we learn nursing history we discovered that at a certain period, emphasize was on the development of character, this means that rather nursing actions (Pera & van Tonder 2011:46-48). This period was followed by emphasise on responsibility, today ethical tradition is characterised by focusing on human rights. Examples of virtues are truthfulness, gentleness, courage, loving kindness honesty compassion, respectfullness and reliability (Black 2014:97). Pera & van Tonder further commented that virtues should be emphasized throughout socialisation and different teaching techniques should be used to encourage their internalisation. The second year student nurses should display these virtues as a sign of well developed moral integrity.

Virtue ethics is also used as an approach to moral dilemmas. Ethical principles which insist on the use of reasoning were used in decision making. The reason was therefore considered as a virtue. Nurses during moral decision making should be emotionally stable. Virtue enables nurses to work harmoniously with patients as well as the team members. Virtue ethics as an approach to decision making which implies that moral conduct assumes good characteristics in a nurse is also a moral agent. Virtue allows a nurse to be a good practitioner by acting exclusively according to ones nature (Arries 2005:65).Character is an important determinant of ethical and moral behaviour and decision making according to (Pera and van Tonder 2011:21).Student nurses at their second year level of training would have acquired this characteristic through intensive socialisation to the profession in order to render quality care to the patients.

1.11. PATIENT ADVOCACY

Patient advocacy is an ethical component of each nurse practitioner. It emphasizes the ideals of ethics of caring. The nurse patient relationship develops during the ethics of caring between the nurse and the patient. The reasons for the nurse acting as the patient’s advocacy are that quality care is ensured, it enables the patient to access care
and make the patient to understand care (Pera & van Tonder 2011:51). The above mentioned concepts are important for moral development of second year pupil nurses as they are taught the how to care for the patients and what a fully morally developed person was like. The nurse must always stand on the side of the patient as she is advocating them (Geyer 2013:282).

1.12. SECOND YEAR STUDENT NURSES

These are pupil nurses undergoing a two year training course to be enrolled as nurses who have already passed their first year South African Nursing Council Examination and are doing their second year of training (SANC Regulation R2175).

1.13. ENROLLED NURSE

The nurse has undergone a two year training programme and has passed the second year (final) South African Nursing Council Examination and is qualified as an Enrolled Nurse (SANC regulations R2175).

1.14. STRUCTURE OF THE DISSERTATION

The dissertation has five integral chapters as identified below:

Chapter 1: – Background and Introduction: - This chapter provides an overview of the study, the rationale for studying this area and outlines the expected significance of the study.

Chapter 2: – Literature review: – This chapter provides an overview of the literary debates as they relate to moral development in health care. It highlights areas of agreement and disagreement in this discourse and in particular, highlights gaps in knowledge as they relate to this subject area.

Chapter 3: – Conceptual Framework: -This chapter presents the conceptual framework upon which data collection and the conceptual focus of the study was based.
Chapter 4: - Methodology: This chapter focuses on all the methodological aspects of the study and offers rationale for the methodologies utilised within the study.

Chapter 5: – Results and Data Analysis: - the key findings of the study are described. Interpretations and analysis of study findings are provided.

Chapter 6: – Recommendations and Conclusions: - The summative chapter discusses all the aspects of the study. It summaries all the key observations made within the study and in so doing, articulates the key recommendations to be made from the study.

1.15. CONCLUSION

In this chapter the introduction, background to the study, problem statement, objectives, research questions significance, motivation, assumption and definition of terms were outlined. In the next chapter literature review and the theoretical framework is discussed.
CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents a review of pertinent literature related to moral development. The Royal Literary Fund (2009:13) offer a definition for a literature review and view it as

"... a search and evaluation of the available literature in your given subject or chosen topic area. It documents the state of the art with respect to the subject or topic you are writing about. A literature review has four main objectives: It surveys the literature in your chosen area of study (The Royal Literary Fund, 2009:13).

In keeping with this, this review literature discusses key primary and secondary literary sources that relate to the state of debate as it relates to moral development. In obtaining a broad overview of relevant literature, a specific data search strategy was pursued. An initial review of hard copy books was conducted, supported by a review of online journals and periodicals to obtain more information and directive information from previous research on moral development.

Literature reviews can be presented in a number of formats that include: (i) chronological ordering and/or (ii) thematic format. In the current study, the review and discussion of relevant literature was done under different topics and concepts that were related to moral development. It is important to note that, the subject filed has a paucity of recent research with limited books on moral development. Even so, the review is presented thematically and the researcher structured the review by taking account of seminal contributors and developing the content along thematic lines of discussion that included a focus on: (i) The historical progression of moral development. (ii) the theoretical view of moral development (ii) the influence of morality on the professional development of a nurse (iii) current issues on the conduct on nurses within the south African context. (iv)
2.2 HISTORICAL PROGRESSION OF MORAL DEVELOPMENT THEORY AND PRACTICE

As acknowledged in the introduction to the study, the progression of nursing through the centuries has always depicted it as either a vocation or professional occupation whose primary identifier relates to the "humane, highly principled and moral being" whose choice of occupation was guided primarily by their love for humanity (Searle 2004). The growing concerns about depreciating morality are new-age concerns that can be best understood if a historical overview of the progression of the profession is presented. As indicated, the historical picture has described a homogenous well-meaning profession. Some have eloquently stated that the "hallmark of particular nurses was that they were educated women of good character who could cope with any form of sickness in accordance with the health care regimen of that time." (Chabeli 2004:42-43). The historical depiction of nursing has described nursing care as being provided by nurses who were morally superior, competent and humanistic with the focus being on placing the patient at the centre. The reason was that during the nineteenth century emphasis on training of the old nurses was on the moral character of the individual. Teaching that was done stressed the development of good qualities of the individual over the scientific nature of the tasks and actions to be performed. The modernisation of nursing has seen a shift typified by a drift away from nursing ethics towards the attainment of professional legal obligations and actions (Searle 2009:212). The latter development is often described as duty of care. This means that the nurse is under obligation to render quality care by observing the principles of safe practice and then the nurse should avoid making the patient a victim of negligent practice by observing the rights of a patient (Mellish 2011:180).

During the second half of the twentieth century, a number of advances in technology; combined with recorded employee unrest, an exponential population explosion and the discovery of new diseases. With the technological advances, nursing care has become more sophisticated and risk laden particularly as decision has become increasingly complex and litigation to nurses increased (Searle 2009:234). Searle further noted that developments and innovations have increased the dilemmas and ethical issues that nurses are required to deliberate on. As a result, nursing education has been compelled to adapt to these situations in order to increase student's development in moral reasoning and decision making. In order to deal with the above mentioned issues that did not exist
before, the nursing profession will demand production of nurses with good moral development in a number of ways described within the literature.

2.3 SOCIALISATION BEFORE TRAINING

Van Staden (2011) has conducted a number of studies on moral development and has firmly asserted the view that good moral development commences early when the future nurse was socialised by the parents. The main aim of this socialisation of the child is primarily to develop good characters and good morality. With reference to the second year student nurse, their core moral values are an account how they were socialised by responsible parents, the community in which they grow and the tertiary educational institutions attended before nurse training. What was important at this stage is creation of clear communication, expectations and consequences of good character of the child. Good role modeling behaviors are vital as children learn by imitating their parents (DuToit and Van Staden 2011:20). Good socialization is needed so that children and adolescents have good moral foundation which will eventually contribute to good moral development of a young nurse in training.

2.3.1 Role of the Parents in the Socialisation Process of Adolescents Pupil Nurses

The primary function of the family is to care for their children and educate them as part of socialisation. This process of transmitting its culture is done by the parents, grandparents especially the grandmother. Socialisation is aimed at imparting the cultural heritage from generation to generation according to (du Toit & van Staden 2011:56-57). The role of parents in the socialization of adolescents was to develop their morals and this moral development could contribute a lot to the development of morals of the adolescents when they begin to train as nurses. This is because being a nurse is often seen as being about displaying good morals, some of which are taught by parents. Whether adolescents are going to accept and internalize a set of values depends very much on their relations with their parents as the same values are also important in the nursing profession. Parents should also be good role models as adolescents or children primarily learn from and imitate their parent figures (du Toit & van Staden 2011:58).
Mutual acceptance, trust, respect, good communication and culture of reading could help the adolescents to develop a consciousness that a nurse should have. Piaget (1967) also indicated that consistent discipline by both parents was a major factor in moral development. Too much permissiveness and concession may hamper adolescents' socialisation and moral development because they also contribute to development of internal control, and active consciences. Therefore socialisation by parents helps nurses to have good moral foundation according to (du Toit & vanStaden 2011: 58).

The basis of much of the understanding has been guided a number of social psychologic theoretical contributors, a synoptic overview of whom is provided below:

2.4 THEORETICAL FRAMEWORK RELATED TO MORAL DEVELOPMENT

Understanding students as learners and student development have long been an interests of educators. The concept of moral development among students in the education setting was investigated by Kohlberg, whose theory of moral development is based on the psychologist Jean Piaget's work. More recent work in the area of students in higher education and moral development (Gilligan, 1982; Gilligan, Lyons & Hanmer, 1990) include identity development, responsibility and connectedness versus rights and autonomy.

2.4.1 Piaget's theory

Piaget theory includes cognitive development at an early stage, where four stages of development were identified, namely the sensorimotor starting from birth to age two. The interest of the child is to achieve motor control and to know more about physical objects. The second stage begins from age two to seven, when the child's concern is development of verbal skills at this stage, the child starts naming objects and reasons intuitively. In the third stage which begins at seven to twelve years, is referred to as the concrete operational stage, the child here deals with abstract concepts like relationships and numbers for example interest is more in counting. Last formal operational stage starts
from ages twelve to fifteen. At this stage reasoning becomes logical and systematic (Hanmer, 2000).

Piaget included moral development of children in his cognitive development research. Moral realism imposes itself in spite of circumstances as it comes through development of the child where he or she is supposed to observe duty and the value as well as the responsibilities attached it (Piaget 1966, p. 111). Piaget’s theory of moral realism is based on three features: i.e. duty being related to obedience, the letter of the law being observed, and an objective of notion of responsibility (Piaget 1966). This theory forms the basis for formal training and education, so that by the time they become nurses they have a better understanding of the moral concept especially in life. This assists in revitalising moral integrity by introducing sense of responsibility, duty consciousness and observance of values of the profession so that when they join nursing they will comply to the values of the profession.

2.4.2 A brief exposition of Kohlberg’s stages of moral development

Kohlberg’s theory of moral development is developmental and cognitive but specifically focuses on how people make moral judgments. Kohlberg’s theory of moral development proposed that a person develops through six distinct stages grouped in three levels: pre-conventional, conventional, and post-conventional. The pre-conventional level identified two levels of development: Stage one is labelled heteronomous morality and is explained as the understanding of right and wrong through punishment and obedience and accepting authority without questioning. Stage two of the pre-conventional level is labelled individualistic, instrumental morality and is explained as the actions that one takes for one’s own hedonistic pleasure. This might be illustrated by a person taking the largest share of candy because of personal desire. The conventional level also identified two levels of development: interpersonal normative morality and social system morality. At the interpersonally normative morality level the orientation is to good boy/bad boy behaviour and the subjects at this level of development conformed to the expectations of caregivers for approval sake. In the social system level, law and order was the orientation. Obeying the law and protecting the social system was the premise surrounding this level moral choices are based on will follow family or cultural group norms.
In Kohlberg’s post-conventional stage of moral development, human rights/social welfare morality and the morality of universal ethical principles were identified as the two levels making up this stage. The human rights/social welfare level was characterized by laws being made and changed by the members of society. The universal ethical principle level identified characteristics in its participants as actions taken for universal rightness, such as civil disobedience movements enacted when a system fails. Kohlberg’s theory of moral development identifies a continuum of behaviour that moved from concrete and egocentric to general and relativistic. Kohlberg’s theory has been used to identify factors related to moral development, the impact of educational interventions, and has been demonstrated in a variety of cultures.

The stage that is relevant is level three of post conventional stage where the student shows maturity of some kind at this level of training. Moral reasoning becomes autonomous because of experience and skills, moral thinking. They conform strictly to the rules of the profession. Thinking and reasoning become complex. What is good is determined by socially agreed upon standards. They observe the code of ethics. They become independent. This can be applied by allocating students in the wards and by assessing their moral integrity, their professional conduct towards the patients as well as their ability to solve ethical problems.

2.4.3 Gilligan theory of moral development

Gilligan’s research (1982) on identity and moral development led to the identification of the ethics of care. This theory has influence on relationship and reason with emotion. The ethics of care originated from the premise that as humans we are social beings that interact with others and responsive beings that are interdependent with others. Her theory was based on the three main divisions used by Kohlberg which are pre-conventional, conventional and post conventional levels. Gilligan proposed males and females perceive things in different manner of experience. Women view moral conflicts as negotiable and having consequences, unlike the male perceive a conflict as either right or wrong. Gilligan’s research on moral reasoning is different between males and females. As women
are caring in nature, they act as primary caretaker for girls who identify themselves with their mothers as their gender is the same. Their moral reasoning is focused on care and relationship as compared to males (Black 2014: 93) Boys distance themselves from their mothers as a result they identify themselves as masculine. Men, therefore, value independence and women fear abandonment.

Women are oriented towards others that is why they care for their families and other people when necessary hence ethics of care is for woman. This is the reason why nursing is a female dominated profession. This theory emphasizes women playing important role in care based morality and interconnectedness with others people, therefore it forms a theoretical background for ethical training of nurses but it is general to everyone it is not specific to the finalist.

Rosemarie Parse’s Theory of Human Becoming offers theoretical framework for this research. In Parse’s human becoming theory, there are two basic tenets namely intentionality and human subjectivity. Parse (1998) explains the tenet of intentionality as part of human’s nature as an intentional being. This means that a person is open, knowledgeable, and is present in the world, this means that man is seeking identity in the world by struggling and working hard as becoming being. Human subjectivity states that the person is growing and developing with each encounter in his or her life. Parse suggests a person creates personal meaning. The other tenet of Parse’s theory Human becoming is human subjectivity. Parse states that a person is growing and developing with each encounter in his or her life. Out of are nine assumptions in this theory there are two assumptions of this theory that support the theory of moral development. These include that humans are objective or open beings who have freedom of choice and freely choose meaning and value in situations and bear responsibility for decisions made. Humans develop patterns of relating by valuing priorities. (Parse 1998:37) further explains valuing as a concept of structuring meaning, confirming cherished beliefs in light of a world view and choosing from imagined options and owning choices. This theory supports human experience as being unique and important in the understanding of humankind. (Cody and Mitchell 1992) stated Parse’s theory provides a theoretical perspective to enhance understanding of the lived experience and that biological manifestations are not ignored but are subsumed within the experience of the person.
These theories form the framework for this research and lead to examining the current state of nursing education and practice in conjunction with moral conduct of nurses. They do frame the current research as they all focus on the point that the values are introduced early during process of becoming or during early stage of life assisting in building a good foundation for education and training on moral development when they join the profession they already have a theoretical background on some moral concepts.

2.5 SOCIALISATION TO THE NURSING PROFESSION

When student nurses commence their training they are socialised into the nursing profession for development of their morals. During this socialisation, it is emphasised that the main objective is to make the nurse on training to be concerned, responsible, competent and to be well behaved matured nurse who will render safe care to patients with respect of human dignity. During this process of professional socialisation there is internalization of professional values, principles, skills, behaviours and attitudes skills and norms which are necessary to attain professional roles (Edmonson 2010:2). Apart from external influences, a person commences training with a set of values and beliefs that may affect his or her behaviour. The degree to which a person will transform to fit into the profession depends on individual's self concept and the extend of accepting the new roles (de Swart 2013:98). (Searle 2009:152) agrees with the above author, when she stated that the process of socialisation, responsibility and accountability should be instilled to the student nurses so that they understand that they are accountable for their acts and omissions. What is also drilled to them is that the core of nursing is the patient' who is the central focus.

At second year level, the pupil nurses are expected to be well socialized to the nursing profession so as to ensure optimum functioning as nurses. Nurses on training also learn to integrate theory with practical thus becoming more skilful on cognitive, affective and psychomotor skills ending up performing nursing roles autonomously. Socialisation make student nurses to be able to function in a multidisciplinary health care team thus increasing productivity and quality of care according to (Geyer 2013:248).
sense of moral development according to (Pera and van Tonder 2011: 47) At second year level the pupil nurses should have been socialised to an extent that professional values have become virtues themselves that enable them to safeguard the interest and wellbeing of patients without supervision as they about to complete their training .This would be a sign that they were properly socialised to the nursing profession, meaning that they were morally and ethically well developed. (Searle 2009:104) also supported the need for socialisation as the way of promoting the code of ethics which establishes the standards of behaviours of the nurses

2.6 THE POWER OF UBUNTU

It is noted that there is decline in morality and it is thought to be due to moral decay especially in nursing. This is however a quality of behaviour inherent to people who have a positive quality to other people. It is characterised by beneficence, positive attitude respect, commitment to work and compassion (Makhombe 2009:40). It recognizes an individual’s status as a human being (Geyer 2013:226) Ubuntu is acquired during the process of socialisation at home, by the society, at all levels of schooling and tertiary education. It plays important role in the moral development of the pupil nurses as this is instilled throughout the developmental stages of these students. During the last year of training they should be displaying Ubuntu whether in uniform or not by behaving professionally as a sign of moral maturity (Jali 2010:26).

2.7 HOSPITAL ETIQUETTE

These are conventional rules that are designed by the hospitals and they contribute towards moral development of learners as this is introduced early on commencement of training to learners, it therefore forms the foundation of moral development. It stresses respect for human beings confidentiality, establishing nurse patient relationship, not shouting at the patients, avoiding bribery, control of emotions and many others, all these act as building block that assist to the moral development of learners. During the final year
the students should be showing the signs of good moral integrity by putting etiquette into practice (Niekerk and Mokgotlane 2007:94)

2.8 ETHICAL PRINCIPLES

Ethical principles are very important in the nursing profession as they constitute ethical standards which guide nurses morally. These principles were universally accepted as fundamental to ethical conduct. These principles are used in decision making when solving ethical dilemmas. There are beneficence and non-maleficence which emphasize doing good and avoiding harm to patience (Pera van Tonder 2011:35), autonomy which is regarded as the highest ethical principle stresses observance of rights of the patients during practice (Geyer 2013:144), justice meaning to be fair to the patients that is, nursing and treating patients without discriminating and exploitation irrespective of social standing (Pera van Tonder 2011:36). Veracity refers to obligation to tell the truth or to be honest and they are obliged to maintain confidentiality and secrecy about patients (Geyer 2013:145). At the final year pupil nurses should be able to apply these ethical principles during care of patients as a sign of moral mature.

2.9 MORAL DEVELOPMENT BEFORE TRAINING

Morality is an individuals’ respect for rules of social order and sense of justice. Morality should be developed during childhood and adolescence. Values are learned just like other learned behaviours, this is done early in life and there is great influence from caregivers and the family (Pera and van Tonder 2011:12). In this process children learn principles that enabled them to judge whether particular behavioral patterns were right or wrong. Their moral sense arose from interaction between the thought structures and gradually widening to social experience. Socialisation is mainly the function of the family and it is aimed at developing the conscience and values very early in life. Most of children learn by imitating their parents. Punishment and reward played a great deal in forming the child’s moral sense. Even the first year pupil nurse would have a tendency of imitating the professional nurses in the
clinical areas as their good behaviours contribute to their good morals (du Toit and van Staden 2011: 144).

So professional nurses should behave positively so that pupil nurses would display good moral development. Other institutions responsible for socialisation are the schools, universities, hospitals and work areas. However they experienced a lot of pressure from their peers and traditional who like to dictate values to them. Knowledge introduced during their socialization, helped pupil nurse to evaluate what was good and evil and to direct their behaviours so as to reach moral maturity. From their personal knowledge they build their own value system. They are able to think abstractly and critically so as to understand the causes and the effects. Therefore parents should try to provide support for their

Children throughout so as to ensure that children and adolescence are well developed morally. School health nursing profession who visit schools do identify problems like child battering so that early intervention is provided (du Toit and van Staden 2011:145).

In this case the professional nurses in the nursing units are also required to give support and moral encouragement to the first year pupil nurses for proper moral development when they reached second year levels. With a strong moral foundation and intensive professional socialisation, second year pupil nurses at this level are expected to be wise in making proper choices and decisions. This is because when they started training, they were about the same age as the adolescent individuals. Sometimes they were expected to make various choices and decisions when providing patient care.

2.10 MORAL DEVELOPMENT TO THE NURSING PROFESSION

Besides being morally developed by their parents before training, they had to be trained morally to the nursing profession. Teaching of moral development to the learner nurses is aimed at the following according to (Oosthuizen& van der Wal 2011:78).

Making nurses to be culturally competent so that holistic care is rendered to patients. Instilling the values and beliefs of the profession to the second year pupil nurses in order to strengthen their moral integrity They are also expected to respect the right of the patient
and to observe the rules and regulations of the nursing profession. Teaching of moral development is also aimed at modification of the pupil nurses’ behaviours by observing role models of the nursing profession. Moral awareness encourages pupil nurses do what is morally right with intentions of solving patients’ problems in a good manner. Pupil nurses at their second year of training will have to display respect for their seniors and patients as their behaviours would be modified as they will be provided with good role models in the nursing units.

Man as a moral being is obliged to strive for own moral being that is virtue. Jesus Christ said “love your neighbour as you love yourself” this means that one must do good unto others as you like them to do. (Searle 2009:104) agreed with the above author who commented that nurses as moral beings should do good to patients as they would like it to be done to them by loving patients as they love themselves. (Searle 2009:104), further said that Jesus Christ presented the golden rule that emphasised virtue and righteousness to other people by quoting that “One may do for one neighbour whatever one may morally do for oneself”. The way the second year pupil nurses would display love for their patients will determine their extend level of moral development.

2.11. INFLUENCE OF MORALITY ON THE PROFESSIONAL DEVELOPMENT OF A NURSE

Every student has to be taught through role modelling by the nurse educators and professional nurses as they look up to them and model their behaviours. Educators should behave professionally and morally in front of the students by being committed to their duties and be morally good teachers. They should also be totally committed to learners when giving lessons and in the outside life. Learner nurses must be taught by nurse educators to live an organized social life and how to control themselves. According to (Chitty 2011:178) the teachers should display good interpersonal relationships and moral commitment. A morally good teacher considers moral standards of the profession, such as sharing what he/ she does, to maintain a balance between justice, commitment, caring and truthfulness according to (Chitty and Black 2011:178).
This type of teachers utilises all the skills and teaching aides to ensure that the students are properly developed morally for effectiveness. The nurse teacher should observe the following nursing values and beliefs of the students: - Non-judgmental attitudes, honesty with the patient and involvement with families, listening to the patients, to be patient’s advocates and to display co-operative working relationships amongst their team members. To enhance dignity of the patient, sharing selves through nursing interventions, maintaining the integrity of the profession by being examples to the pupil nurses and by providing good care regardless of patients’ abilities to pay or not and to health education. To provide quality patient care, knowledge, competence, empathy, trust and to be accountable at all times in all their dealings with patients (Chitty 2011: 178). From the above discussions it is clear that moral development of any learner nurse has an origin from the history of moral development, history of nurses, and socialization of that learner at home by the parents before training and socialisation to the nursing profession. Pupil nurses on their second year level will be expected to have gained morally as explained above. The professional nurses in the clinical areas where they will be exposed for their nursing practice and clinical practice will have to give comments about pupil nurses’ state of moral development.

2.12. CURRENT ISSUES ON PROFESSIONAL CONDUCT OF SOUTH AFRICAN NURSES (SANC REPORT) OR PUBLISHED RESEARCH ON THESE ETHICAL ISSUES

Ethics is an integral part of nursing profession. This serves to remind nurse practitioner of their responsibilities namely: protection and restoration of health prevention diseases or ill health alleviates suffering. These responsibilities are carried with respect for human dignity and the right of patients.

According to the study that was conducted in Western Cape Metropolitan area by (Stellenberg and Dorse 2014), the results revealed that some nurses were found to be disregarding the nurses’ pledge of service which has got serious consequences against nursing practice, although there are still those who uphold it. 12% of nurses did not acknowledge patients’ autonomy and 16% did not acknowledge patients’ need for confidentiality (Stellenberg and Dorse, 2014).
acknowledge patients’ autonomy and 16% did not acknowledge patients’ need for confidentiality (Stellenberg and Dorse, 2014).

According to (Chabeli 2004:42-43) nursing care that was provided by old nurses was complete, competent and humanistic with the patient as the central focus. Teaching that was done stressed the development of good qualities of the individual than the actions to be performed. Topics of interest were personal grooming, good human relations, recreation activities and rules of conduct of hospitals. All the above mentioned qualities of nurses contributed to their good moral integrity. It could then be very interesting to find out about the kind of moral development the recent nurses possesses due to these changes (Black 2014:37).

With the modern nursing, emphasis has shifted from nursing ethics to professional obligations and actions (Mellish 2011:106). Performance of duties became the major concern rather than.

The study is more relevant because the second year pupil nurses I am referring to to belong to the “new curriculum” which puts more emphasis on professional obligations and actions aiming at improving their moral integrity.

According to (Searle 2009:123), during the second half of twentieth century due to advances in technology employee unrest, population explosion and discovery of new diseases, nursing care became sophisticated and risk laden, decision making also became complex and litigation to nurses increased according to (Searle 2009:234). Searle further stated that developments and innovations increased the dilemmas and ethical issues as nurses became pressurised to make decisions. It is for this reason that nursing education need to be transformed so that the new curriculum is adapted to these factors.

2.13. FROM PRACTICE PERSPECTIVE: THE BATHO PELE PRINCIPLES

Human Rights perspective - Nurses should respect autonomy of the patients by respecting human dignity. Obtain consent from the patient before the procedure is done. Observance of ethical principles and human rights is very important in order to protect the patient person, patient’s name and property (DOH 2010:50). They have access to information, they
should be involved in decision making that is transparency is. As human beings they have freedom of choice. Patients according to Bathopele principles should be the centre of care or of focus to all health care workers (Jooste 2010:33).

2.14 PROFESSIONAL PRACTICE

In order for the student nurses to carry out their duties, they should operate within the ethical rules (governing the profession) and should observe the scope of their practice. The rights of nurses actually mean ensuring improved services to patients. These rights enable the second year pupil nurses to provide safe, and adequate nursing care to patients and protection of nurses against, injury (Geyer 2013:177). Second year student nurses should be aware of these rights which are as follows: - to practice in accordance with their scope of practice, to provide safe working environment that is free from intimidations, proper orientation of others and to be goal directed in service education, to be advocates for protection of patients, to be affiliated members of a professional organisation or a trade union and maintenance of professional secrecy according to (Pera & van Tonder 2011:159).

2.15. QUALITY CARE

Quality care is part and parcel of professional practice it should be instilled to second year student nurses by their teachers. Quality care is a very important concept in nursing and should be observed by all nurses but not only pupil nurses as it constitutes ethical issues as it is the central part of each human being. Emotional and physical environment that is conducive to quality care should be created, 2nd year pupil nurses should be aware of this. At their level they should be skillful and competent enough to render quality care to patient (Searle, Human and Mogotlane 2009:284).

Humanistic values should be used during the process of caring. In order to strengthen caring the following important ingredients are to be used; which are: knowledge, patience, hope, courage, honesty and trust. All the nurses as well as pupil nurses must remember that patients are not objects but they are human beings who have rights therefore they should be treated with humanity never as simple means but as an ends who should
actively participate in their decision making concerning their health and health needs (Mellish 2011:5). Pupil nurses at second year level should have been pruned and socialised that man as the center of care is given high quality care as this is the way they will be judged by the professional nurses in the clinical area. They must also know that every person is unique individual with free choices. Display of this quality patient care will indicate their good moral development.

2.15.1 CODE OF ETHICS

All the nurses including the second year pupil nurses are guided by the code of ethics. This code of ethics are unifying mechanism which bring persons of diverse culture, religious beliefs and practices into a common system of behaviour according to which they subscribe (Searle, Humane and Mogotlane 2009:268). The nursing profession recognises that those entrusted with the responsibility to care for the patients, need guidelines for actions so that human dignity is maintained which is called the code of ethics. (SANC 2014:2). Code of ethics is a social contract through which the profession informs the society of the the principles and the rules by which it function. It serves as guideline to its members (Black 2014:101).

The profession adopts and promulgates the ethical code as a means of establishing standards of behaviour for the nurses. This code of ethics is concerned with what is done and how is it done according to (Searle, Humane and Mogotlane 2009:269). Code of ethics was also emphasised so that ethically based care is rendered, patients’ rights are respected in order to maintain the dignity of patients.

Training are under obligation to observe the code of ethics as it also implies commitment to the profession as well as obedience(Geyer 2013:83). All the nurse educators teaching the pupil nurses should teach them about the ethical code of nursing as it will help them to always act morally, professionally and ethically.

Professional ethics therefore guides and support the role of the nurse as an independent practitioner and as a moral agent who is responsible for his own ethical judgment. The codes of professional ethics aim to inspire members of the profession to be ethical in their conduct and to sensitize other members the moral aspects of their profession on
commencement and completion of their nursing training thereby showing commitment to the profession (Searle 2009:28-30) and (Human and Mokgotlane 2009:270) stated that the code of ethics emphasises that the fundamental responsibility of the enrolled nurse is to conserve life, promote health, prevent disease and alleviate suffering. Further stated that enrolled nurses should know that patients have rights to life, so must avoid euthanasia at all cost and that life should be preserved. Euthanasia is considered as murder according to (Searle, Human and Mokgotlane 2009:271). Other important points about the code of ethics, was maintenance of professional secrecy, work as a team and maintenance of professional competence. The above discussions of code of ethics are very important as they teach the pupil nurses and other nurses how to behave as a nurse and those misbehaviours are punishable by the South African Nursing Council.

2.15.2 ETHICS AND PATIENTS

Patients are vulnerable people who are not always healthy people as a result they are dependent on the health professional for their survival. Pupil nurses are equally legally and ethically obliged to take good care of patients in other words they have a duty to take care for patients. The principles of safe guarding rights of patients should be taught and observed as they are imperative.

To give respect for individuals, privacy should be safe guarded, principle of beneficence to be observed, obtain consent before doing any procedure and mentally ill and terminally ill patients should have their rights respected all the time (Denosa Nursing Update 2010:28). All the above acts are done and observed by pupil nurses who are highly and morally developed. The second year pupil nurses will be expected to treat and deal with each patient ethically at all times.

2.15.3 NURSE-PATIENT RELATIONSHIP

Nursing is interpersonal in nature that is, there is a continuous interaction between the patient and the nurse with the aim of solving the patient’s problems. Good nurse-patient
relationship is important. In this interaction the nurse uses her personality and communication skills to help patient's to improve their health status through their "therapeutic use of self" (Chitty and Black 2011:376). The ability of pupil nurses to use oneself therapeutically can be developed by acquiring certain knowledge attitudes and skills that assist them in relating effectively with patients, families, co-workers and other health care professionals, according to the nurses should also recall that communication is the basis of all humans; therefore relationships should be based on sound communication(Geyer 2013:119). It stands to reason then that pupil nurses should always be taught good communication skills that will enable them to maintain good nurse-patient relationships during their practice of nursing.

2.15.4 RESPONSIBILITIES / OBLIGATIONS/ACCOUNTABILITY OF THE ENROLLED NURSES

Lastly, responsibilities, obligations and accountabilities of pupil nurses at second year level will have to be taught by nurse educators and understood at all times. The above should be known by the nurses and to be carried out as they constitute misconduct of which one may face disciplinary action. The enrolled nurse has the responsibility to the following according to Mellish (2011:151-153) the client/patients, the employer, the medical officer, the profession and the health team.

That is why it is so important for the second year pupil nurses at this level, as they will be completing their training to become Enrolled nurses. They are expected to act independently in the performance of their duties not under the constant supervision of the professional nurses. Failing which they will be faced by various problems that would end up by jeopardising their practice, as they will be found lacking morally.

2.16. CONCLUSION

In this chapter 2, theoretical contributions related to moral development especially as it relates to nursing, were discussed. The review had a limited review of primary research
sources but instead considered the wide range of theoretical perspectives and legislative guidance as the basis for articulating the priorities that exist for practice as far as moral development is concerned. Chapter three provides an overview of the conceptual framework of the study and in so doing, will provide insights into the aspects and variables of interest that were pursued specifically during the data collection phase.
CHAPTER 3

THEORETICAL FRAMEWORK OF THE STUDY

3.1 INTRODUCTION

This chapter presents an overview of the theoretical framework that was used within the study as a basis for understanding moral development. Most specifically, the framework has been referred to as a basis for guiding the focus of data collection i.e. the aspects that are covered within the data collection instrument have been derived from the thematic areas suggested by the chosen theoretical framework. Beyond this inductive application of the theoretical framework, the chosen framework i.e. Kohlberg's Stages of Moral Development was referred to during the data analysis as a way of guiding the researchers categorisation of emerging discoveries. The theoretical framework for this study was based on Kohlberg stages of moral development (Kohlberg 1973). He proposed a detailed sequence of stages of moral reasoning that can be seen in relation to both cognitive and emotional development. He divided moral development into three levels which are:

1. Pre-conventional, where judgment was based on a persons own needs and perception.
2. Conventional, where the expectations of the society and law were taken into account
3. Post conventional, where judgment was based on abstract, more personal principles that were not necessarily defined by laws of the society (Pera and van Tonder 2011: 292).

These three levels were further subdivided into six stages. Kohlberg in his study evaluated the moral reasoning of children and adults by presenting them with moral dilemmas

3.2 LEVEL 1 - PRECONVENTIONAL MORAL REASONING

This level consist of two stages which were punishment in obedience orientation and personal reward orientation
Stage 1 – Punishment- Obedience Orientation. Here rules are obeyed to avoid punishment. According to (Pera and Van Tonder 2011:30), this stage occurs in childhood and is characterised by conformity and also to some adolescents. Their response was due to threat of punishment rather than respect for authority. What is right or wrong is determined by what the person wants. Rights meant avoiding breaking the rules as one would be punished (Pera and Van Tonder 2011:31).

Stage 2 – Personal Reward Orientation

During this stage personal needs to determine what is right and wrong.

Figure 1. Application of theoretical framework of Kohlberg's levels of moral development
3.3 LEVEL 2 – CONVENTIONAL MORAL REASONING

This level is divided into two stages also, which are stage 3- Good boy –nice girl and stage 4 which consist of law and order orientation.

Stage 3 – Good boy-nice girl orientation

During this stage 3, the child is able to look beyond the immediate personal consequences and considers the views and the approval of others. The child tends to uphold the traditional values of the family, the social group and the community (Oosthuizen& van der Wal 2011: 293)

Stage 4 – Law and order orientation

At this stage 4, religious or civil values are very important and are regarded as fairly absolute and unacceptable. Authority is said to be respected and social order maintained.

3.4 LEVEL 3 – POST CONVENTIONAL LEVEL

At this level the subject considers the underlying individual values that might be involved and decision making. This level also consists of 2 stages. This stage 5 consists of social contract orientation and stage 6 which is universal ethical principle orientation

Stage 5 – Social contract orientation

During this stage what is good is determined by socially agreed upon standards of individual rights, abstract concepts are no longer rigid, and principles can be separated from the conventional values. At this stage a person’s reasoning is understood and based on that, what is considered to be right by the majority may not be considered right by an individual in a particular case. Rational personal choice is highly stressed.
Stage 6 – Universal ethical principle orientation

During this stage what is good and right are matters of individual conscience and involve abstract concepts of justice, human rights and equality. When an individual choose to break society’s rules it is accepted as consequences dictated by the society (Oosthuizen and van der Wal 2011:295)

3.5 APPLICATION OF THEORETICAL FRAMEWORK OF KOLHBERG’S LEVEL OF MORAL DEVELOPMENT TO THE STUDY

Kohlberg’s theoretical framework of moral development levels are relevant but in differing regards, within the study. For example level 1 and level 2 which are identified pre conventional and conventional moral reasoning level are relevant to first year pupil nurses during their beginning of training. When these pupil nurses start training on their first year, many are post-matric graduants and may still be at the stage of adolescence. There is an increased likelihood that they will completely become dependent on the professional nurses in the nursing units and on their lecturers in the nursing schools and campuses. They conform to the norms of conduct out of self interest because they are taught to do that. Their judgment is based on their educational needs and perception of the strange environment they find themselves, which is the nursing unit the nursing schools and campuses. (Pera and van Tonder 2011:38).

They are usually taught as to how should they behave like being obedient to their seniors in the nursing profession and they usually conform in fear of punishment and that they could even be expelled from training. They tried to avoid breaking certain rules and regulation of the nursing profession. They also study very hard in order to pass their examinations because if not they will be expelled from the course. They usually maintain good interpersonal relationships with their group mates for approval and for gaining social approval by them. They are usually orientated towards law and order and conform strictly to institutional rules and regulations. They conform strictly to the hospital policies and educational institutional policies. All the authority is respected and social order is maintained according to (Pera andvan Tonder 2011:39).
Level 3 of moral development which is the post conventional level is more applicable to this study as the pupil nurses were towards the end of their studies and were at their second year of education and training. Because of the knowledge, experience and the skills that they had gained, their moral reasoning become autonomous, thinking and reasoning powers are more complex. They are referred to as social contract orientated as they express society’s consensus about what is right and wrong (Pera van Tonder 20:39).

During this level what is good is determined by socially agreed upon standards of individual rights. They became directed towards rights and obligations expressed between the nursing profession and their patients and the public served. Because of the amount of ethical foundation of nursing that they had received, they recognize the interaction between duty, the well being of the majority, basic human rights, democracy and constitution with what their conscious dictate as wrong. The patient becomes the first priority and realizes that the patients have got rights to quality patient care.

They also become universal ethical principle orientated. The second year pupil nurses now define and choose their own values and ethical principles in order to determine what is wrong or right independently. They believe in the principle of justice, human dignity and equality. The concepts like commitment to their work, confidence in the performance of their duties, provision of quality nursing care, trusting relationship, professional values, compassion, competence and virtue to mention a few are automatically applied to their daily activities in the nursing unit. In other words they display all the characteristics of the nursing profession, always help their juniors in guiding them in the application of hospital etiquette and strict adherence to ethical principle of the nursing profession. Hopefully the professional nurses assessing and evaluating the second year pupil nurses will be able to identify the above qualities and behaviours from them.

If so their moral development would be described as good, meaning that they will be fully matured if not they will need to be helped by their lecturers in the classroom by changing their teaching and learning program to the one which will eventually improve their moral development. The professional nurses supervising them when in clinical areas when correlating theory into practice will also have to play a big role in accompanying them in order to be fully matured and morally well developed.
The differing levels of moral development described by Kohlberg were specifically integrated into the data collection instrument especially with regard to the identification of variables of note that were worthy of exploration.

3.6 CONCLUSION

This chapter has provided a theoretical overview of Kohlberg's theory of moral development and in so doing, provided examples of how the differing theoretical components of the theory are relate-able to moral development issues for learner nurses. Beyond the alignment between the theory and the moral development of nursing students, the theoretical framework was referred to as a guide for the development of the data collection instrument that was used within the study. Following on from this, Chapter 4 presents an overview of research methodology and methodological choices as was contemplated and applied within the study.
CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter focuses on the wide spectrum of issues related to the planning for and implementation of study. All aspects related to the methodologies used within the study are explored. Polit and Hungler (2013:461) provide an important summation of what methodological consideration should include and they indicate that this should be about the systematic identification and rationalisation of all the steps, procedures and strategies used for gathering and analysing data in a research investigation.

Critically, the chapter will include discussions of the chosen study paradigm, the research design, delimitation of the study, processes for the identification of a target population, sample size determination and generalised sampling procedures, development of a research tool, issues related to validity and reliability, data collection, pilot study development and ethical considerations for the study.

4.2 RESEARCH DESIGN

The descriptive quantitative research design was chosen for this study. Quantitative methodologies allow for large scale exploration of research interest and in that respect, the design used provided a particular strength in allowing for the collection of wide ranging information on moral development of second year pupil nurses and from the professional nurses supervising them in the clinical areas. As expected, the focus on a quantitative design served as the basis for other methodological choices that were made with respect to the study. This relationship between the research design and other aspects of methodology is acknowledged by Creswell (2009).
4.3 SETTING

The study was confined to the clinical areas of KwaZulu-Natal eThekwini district in the provincial hospitals and nursing schools. In total, three nursing schools were selected as study sites and one university campus site was additionally sampled as the place where students received their primary academic teaching. These included, Prince Mshiyeni campus which is situated at about twenty km south of Durban, Marianhill Nursing school (a private school which has two locations in Pinetown and Durban where clinical and classroom based learning takes place.). In addition to the above, Clairwood Hospital was selected as a study site. Clairwood hospital is about 15km south of Durban, G.J Crooks hospital is found in south coast and Prince Mshiyeni hospital where the pupil nurses were allocated to do their clinical practice under the supervision of the professional nurses.

4.4 TARGET POPULATION

The target population consisted of second year pupil nurses training to be enrolled nurses who were doing their final year in the nursing schools and nursing colleges. The reason of selecting them was that they were expected to be morally matured as they had received all the knowledge, skills and content of all the subjects as required by the SANC at this level as compared to first year pupil nurses.

The professional nurses who were supervising them in the clinical areas were also selected as potential sources of additional information about the learning experiences of the students under their tutelage. The professional nurses were chosen irrespective of gender and age group, but as long as they had pupil nurses allocated in their wards and as long as they were working in the following hospitals: - Prince Mshiyeni Memorial Hospital, Clairwood Hospital and G.J Crooks Hospital.
4.5 SAMPLE SIZE AND SAMPLING PROCEDURES

4.5.1 Sample Size of the Pupil Nurses

A total sample frame of 100 for second year pupil nurses were identified from the following nursing schools and clinical areas as follows:

- Prince Mshiyeni Nursing Campus = 60
- Marianhill Nursing School = 20
- J. G. Crooks Hospital = 10
- Clairwood Hospital = 10
- Total = 100

The identification of sample sizes was differentiated on the basis of the size of the nursing school and/or hospital and relied on proportional distribution of samples.

From an undetermined sample frame of pupil nurses a total of 50 second year pupil nurses were selected to partake in this study. This was done irrespective of gender and age as long as they were in their second year of training.

4.5.2 Sampling Procedure for Selecting Second Year Pupil Nurses

A systematic random sampling was used to select the pupil nurses. Every second pupil nurse was selected from each nursing school or hospital until the initial target of 50 participants was reached. Systematic random sampling is a probability sampling approach in which the first subject is drawn randomly and remaining subjects drawn at pre-determined intervals (selecting the Nth subject- sampling interval applied) (Flick 2009). This method was particularly helpful as the researcher was unsure how many subjects would eventually be in population or sampling frame is indefinite.
4.5.3 Sample Size for Professional Nurses Supervising Second Year Pupil Nurses

A total sample frame of 72 professional nurses supervising the student nurses in the clinical areas were identified and selected from following hospitals as follows:

- Clairwood Hospital = 16
- J.G Crooks hospital = 12
- Prince Mshiyeni Memorial Hospital = 44
- Total = 72

From a sample frame of 72 professional nurses, 36 were selected randomly

4.5.4 Procedure for selecting Professional nurses

A systematic random sampling was done in order to choose professional nurses for this study. Every second professional nurse supervising the second year pupil nurses was selected from a change list until a total of 36 was reached.

4.6 DATA COLLECTION METHOD

The empirical phase of the study centred on two distinct data collection phases as indicated diagrammatically below in Figure 2
Data was collected by using questionnaires. A questionnaire allows for gathering of self-report information from respondents through self-administration of questions. According to (Brink, van Rensburg and van de Walt 2012:154), the questionnaire is chosen because it allows the respondents to respond frankly and openly to the questions.

There were two types of questionnaires, one was directed to the second year pupil nurses doing their final year and the other one was directed to the professional nurses who were supervising pupil nurses in the clinical areas (see Appendix for examples of instruments). Questionnaires consisted of structured and unstructured questions, Likert scale questions (consisting of closed and open ended questions) where the participants were to indicate whether they agreed, strongly agreed, not sure, disagreed and strongly disagreed, with suggested summative viewpoints. The questionnaires were distributed amongst the pupil nurses after explanation of what was expected of them. Each second year pupil nurse was given a questionnaire from a total of 100 of them until the total of 50 was reached.
Questionnaires were also delivered to the professional nurses from a total frame of 72 of them. From this total, systematic random sampling was done where every second professional nurse was chosen until a total of 36 was reached and was used in the study. Notably, data was collected firstly from the student nurses followed by a phase in which similar data was collected from the perspective of professional nurses who had direct working experience with the student nurse group who were the primary study respondents. The collection of data from both the perspective of the student nurses and from a professional nurses ensured multi perspective insights and served as a form of method triangulation. Following the completion of both this data collection phases, Analysis of each aspect was carried out systematically by the researcher with the support of a statistician.

4.6.1 Questionnaires For The Pupil Nurses Dealt With The Following

Section A- Dealt with the demographic data
Section B - Had educational background
Section C- Consisted of moral development issues before training
Section D - Dealt with moral development issues during training
Section E - Discussed moral development issues in the clinical areas. Questions were on socialization on commencement of training, content taught during first year, methods used during moral development, ethical concepts ethical principles and methods of evaluation used.
Section F - Dealt with ethical development, questions on second year pupil nurses as they were supervised by professional nurses in the clinical areas. Included were code of ethics and moral development, moral issues, attitudes of pupil nurses towards patients, moral reasoning and ethical decision making.
Section G - Dealt with personality and they had to indicate whether they agreed, strongly agreed, not sure, disagreed or strongly disagreed on the items like punctuality, reporting movements, reliability and honesty etc.
Section H - Was concerned with patient care, and respondents were required to respond by indicating whether they agreed, strongly agreed, were not sure, disagreed and strongly disagreed on items like being empathetic to patients, listening skills, the importance of friendliness, communicating with the patients and behaving responsibly.
Section I- Dealt with patient rights.
Section J - Dealt with professional behaviour and respondents had to agree, strongly agree, not sure, disagree and strongly agree.
Section K - Consisted with problems encountered and their suggested solutions.
A total of sixty-nine questions were formulated.

4.6.2 Questionnaires for the professional nurses dealt with the following

Section A - Dealt with demographic data, questions were similar to those of pupil nurses, they were however expected to respond by choosing the correct answer.
Section B - Dealt with the nurses' educational backgrounds by asking questions on standard passed at school, they were also asked about their professional qualifications, and they had to respond appropriately by choosing the correct answer.
Section C - had the moral development before training,
Section D - had the moral development during training,
Section E - Discussed moral development in the clinical areas, all questions in these sections were similar to those asked from the pupil nurses, they had to responded by yes or no
Section F - was on personality, patient care, patients rights and professional behaviour questions were asked and professional nurses responded by indicating whether they agree, strongly agree, not sure, disagree and strongly disagree.
Section G - Dealt with the problems encountered by the professional nurses when teaching pupil nurses in the clinical areas and suggestions for solutions.

The researcher wanted to know more about moral development of pupil nurses before training, during training in the classroom and in the clinical areas and also had interest in knowing the role played by the parents, the educators and the professional nurses in their moral development.
The researcher wanted to evaluate the professional nurse's feedback from the questionnaires because of the professional maturity and experience they had in the clinical areas so as to comment about moral development and maturity of the pupil nurses as they were supervising them.
4.7 VALIDITY AND RELIABILITY OF THE INSTRUMENT

Face validity is the most obvious kind of instrument validity, which depends on the judgment made by the experts in the field. It is defined as relevancy of a test as it appears to test participants. In other words, does the instrument look as though it will measure what is supposed to measure, it is therefore referred to as face validity (Polit and Hunger 2013:354). This was achieved by visiting different institutions where target groups were found and offered explanations about the questionnaire and its purpose. Thereafter questionnaires were distributed to them for filling.

Content validity is evaluation done to check the efficacy of the instrument in representing all the various variables (Brink 2012:168). This is referred to as measuring content in a specific area and it should cover all the aspects that need to be investigated. Questions formulated should cover all the aspect of the problem to be researched. This was achieved by formulating questionnaire based on the content validity after intensive literature search. The latter provided information on moral development of second year pupil nurses which formed the basis for good moral conduct. This was intended to establish if the items in the questionnaires measured what they were supposed to measure, that is how morally developed were second year pupil nurses (Polit and Hungler 2013:353).

Reliability was concerned with the consistency, stability and repeatability of the informants' accounts as well as the investigator's ability to collect and record information (Brink 2012 124). Reliability of the instrument was ascertained by the degree to which it provided the same information every time it was used. The reliability of an instrument was assured by doing a pilot study on eight second year pupil nurses and eight professional nurses who were supervising them, but were not included in the main study. After that modifications and corrections were done so that it took about 40 to 45 minutes for each respondent to fill. The questions were also limited to the objectives of the study.
4.8 DATA ANALYSIS

Primary data collection was done by using a quantitative questionnaire which had both structured and unstructured questions. This process allowed for quantitative data that included small amounts of qualitative data and it is the presence of these different data forms that guided the data analysis process. Analysis of data from the questionnaire was done by using an electronic data-analysis package namely, the Statistical Package for the Social Sciences (SPSS) version 23. This analysis allowed for the collation of basic descriptive analysis outputs along with some inferential statistics which provided insights into potential relationships between different variables that related to moral development. The qualitative data that emerged from some of the questions within the questionnaire was analysed using a combination of generic thematic data analysis as described by Krippendorf (1986) and basic step-step analysis of data. To this end, elements of Colaizzi’s seven step data analysis Framework (Colaizzi, 1978) were adopted. This process stipulates a seven-step format for analysing data and this centres on:- 1. transcribing participants’ descriptions. 2. Extracting significant statements related to the primary research question(s). 3. Creating and grouping into the themes, the formulated meanings (sourced from Leigh-Edward and Welch, 2011).

4.9 PILOT STUDY

The questionnaire was prepared and processed before distribution to respondents for the main study. The aim was to determine if the questions were clearly stated and understood. A pilot study was required to assess the adequacy of the data collection plan (Brink 2012:174). It enabled the researcher to make improvements where necessary before the principal study was done. A pilot study was conducted on eight (8) second year pupil nurses and eight (8) professional nurses supervising pupil nurses in the clinical areas in order to test for reliability and validity of the questionnaire. Modification corrections were done before they were distributed. Some of the questions were not clear and the questionnaire was too long. It was then shortened and questions rephrased. These respondents used in the pilot study were not included in the main study.
4.10 ETHICAL CONSIDERATIONS

Research on human subjects requires that certain ethical precautions should be taken into considerations. The proposal was sent to ethics committee of the University of Zululand first for review and approval or for ethical clearance of the study before proceeding with the project. Written permission to conduct research study was requested from the Department of Health KwaZulu Natal, the Superintendents or CEOs of hospitals. Permission was also obtained from the Nursing Service managers of the hospitals and the Principals of the campuses and nursing schools involved and is linked to the annexures. Informed consent was also obtained from the professional nurses as well as the second year pupil nurses as the participants in the study. They were also ensured of anonymity; this means that the participants names and addresses will remain unknown to other people including the researcher, and confidentiality means that identity of the participants will not be known by other people except by the study investigator. To ensure anonymity and confidentiality respondents were requested not to write their names and where, addresses and phone numbers on the questionnaire, purpose of study was outlined, voluntary participation was requested and subjects were told that they could withdraw if they wish so.

4.11 CONCLUSION

In summary, the chapter has focused on all the methodological aspects related to the study and these included the discussion of issues related to research design, delimitation of the study, sample and sampling procedures, target population, research instrument, pilot study and ethical considerations. The next chapters discussed data analysis and interpretation of the feedback from second year pupil nurses and the professional nurses who supervised them.
CHAPTER 5

PHASE ONE FINDINGS AND INTERPRETATION OF DATA:- MORAL DEVELOPMENT SURVEY OF SECOND YEAR PUPIL NURSES

5.1 INTRODUCTION

As indicated in the methodology section of this dissertation, the collection of data, the presentation of findings and the analysis, of the contributions of the student nurses was carried out as distinct and separate phase from the data collection phase which focused on the contributions from professional nurses. The current chapter focuses on data collection processes as they related to the moral development survey of second year pupil nurses and this will include the presentation of findings, initial data analysis and interpretation of data from the second year pupil nurses. As an aid to the presentation of discoveries, initial demographic data is provided. As expected, a wide range of formats are suggested and these include tables, charts and graphs. This data was discussed and analysed under different topics according to the questionnaires which were demographic data, educational background, moral development, ethical development, patient care and ethical problems experienced by second year pupil nurses.

5.2. SECTION A: DEMOGRAPHIC DATA

To facilitate an informed understanding of the study population some basic demographic data was collected from each of the participants in this included information on their age, gender, marital status and place of habitation.

5.2.1. Item 1: Gender

Student nurses were largely female with 84% (n=42) confirming their gender is female, whilst males accounted for 16%(n=8) of study respondents. The findings confirm a generally accepted view that nurses are largely female with limited male representation in
the profession. Table 5. 1 below offers a diagrammatic breakdown of representatives by gender.

**Table 1. Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Females</td>
<td>42</td>
<td>84</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

The study of representation by gender was an important consideration especially with respect to understanding how infected if at all gender had any role to play in times of moral development. The increasing numbers of males within the nursing profession raises considerations that are noteworthy. Forexample, Gilligan's theory (Gilligan, 2003) describes differences between females and male as follows: Moral reasoning of females is that they view themselves primarily as caretakers for vulnerable individuals and everyone else in need of care. This is one of the reasons that Gilligan and others have cited as the reason why the nursing profession is female dominated. Males' moral reasoning is oriented towards doing justice to others. With respect to the gender representation amongst nurses the South African Nursing Council(SANC) statistics at the end of 2015 was as follows. Female nurses were 28 078 630 and male nurses amounted to 26 878 290 (www.sanc.co.za). That is why they are also attracted to nursing and their numbers are increasing. Infact justice is one of the principles of ethics.

**5.2.2 Item 2: Age Group**

This question was included so as to identify the ages of the second year pupil nurses as age has a great impact on moral development because it is thought that the older the person is the more matured and morally developed.
Table 2. Age Group

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 25</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>25-34</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>35-44</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>45-54</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Above 55</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Responses from the students revealed that the majority 48% (n=24) of the pupil nurses were between 25-34 years, followed by 32% (n=16) who were below 25 years and 18% (n=9) aged between 35-44 and only 2% (n=1) was between 45-54 years of age. No one was above 55 years. It could be noted that the majority of the pupil nurses were old enough to display a mature level of moral development as they were between ages 25-44 years mostly. It could be argued that these pupil nurses had passed an adolescent stage of development, which is very confusing to the learners.

5.2.3 Item 3: Marital Status

Data on the marital status of respondents was collected and most of the students reported that they would single. Table 3 below provides a comprehensive outline of the responses and elicited from the respondents.
Table 3. Marital Status

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Single</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

As indicated above, 80% (n=40) of the pupil nurses were single not married followed by 18% (n=9) who were married and only 2% (n=1) of the respondents was divorced. The students and pupil nurses who were single are easily socialised in the nursing profession as they did not report experiencing changes in the social roles. Additionally, this group is believed to have less competing problems than married women and may be better placed to internalize professional values better and faster (Fitting 2015). It is then hoped that moral development of these second year pupil nurses will be found to be very good. At the same time moral development of married pupil nurses could be found to be very good because they share different responsibilities with their families which might make them to be more accountable to their acts and omissions.

5.2.4 Item 4: Residential Area

Similarly, respondents will cost to report on whether they or originated from rural, urban or suburban backgrounds. Table 5.2 below provides a breakdown of respondents by residential area of habitation.
### Table 4. Residential Area

<table>
<thead>
<tr>
<th>Residential area</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Urban</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Suburban</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Respondents indicated that 50% (n=25) of second year pupil nurses resided in the urban areas. This was followed by 32% (n=16) of them who were from the rural areas and 18% (n=9) were from the suburban areas. On questioning, respondents perceived that originating from an urban area increased challenges when socialising with other students and could be perceived as a reason why individuals perceived others from urban areas as lacking respect and discipline at the same time pupil nurses from rural areas and suburban areas might be easily socialised as they always display respect to older people since they are better socialised by their parents, relatives and the public at large. As young children they are routinely taught about principles of good moral development though it might not be the same as those of the nursing profession. Professional nurses in the clinical areas might find them well behaved and very respectful.
5.3 SECTION B: EDUCATIONAL BACKGROUND

Respondents were asked to provide information about their educational background and table 5.3.1 below provides summative overview of the responses received

5.3.1 Item 5: Grade Passed

Table 5. Grade Passed at School

<table>
<thead>
<tr>
<th>Grade passed</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 8</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8-9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10-11</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>48</td>
<td>96</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

The table above shows that most of the pupil nurses passed standard 10-12 96% (n=48) as compared to those who passed standard 8-9 4% (n=2). This high standard of education of pupil nurses is appreciated as no one was found to be between grade 6-7 of education. This might contribute to their good moral development because they will have a better understanding of values, morals and ethics during their socialisation.
5.4 SECTION C: MORAL DEVELOPMENT BEFORE TRAINING

5.4.1 Item 7: Good Foundation Of Moral Conduct Obtained From Parents

Including this item was very important as it determines if pupil nurses obtained basic moral teaching from the parents as this might have a great influence on the pupils. The following responses were elicited from respondents:

![Figure 1. Good Foundation of moral conduct from parents](image)

The figure above reveals that the majority 96% (n=48) of the respondents obtained good foundations of moral conduct from their parents. The remaining respondents did not obtain their good foundations of moral conduct from their parents. This was a subjectively reported variable and it is important to note that responses and the interpretations shared were a result of this subjective process. Subjectivity is an important influencing factor within this study area because the motivation related to developing moral behaviours is often guided by these.
5.4.2 Item 8: Presence of Guiding Rules At Home

This item was included because presence of guiding rules at home makes it easy for pupil nurses to abide by the professional rules and regulations of the profession they will be following up, this will affect their moral behaviours positively.

**Figure 2. Presence of guiding rules at home**

![Bar Chart showing 94% Yes and 6% No]

The majority of the respondents 94% (n=47) agreed that they had guiding rules in their homes while 6% (n=3) denied the presence of guiding rules. These guiding rules could contribute to the good state of moral conduct of the pupil nurses.

5.4.3 Item 9: The Stages Which Guiding Rules Helped The Pupil Nurses In Coping With The Nursing Profession

This item was included in order for the researcher to find out if the guiding rules helped the pupil nurses in coping with the nursing profession.
Figure 3. The state at which guiding rules helped the pupil nurses in coping with the nursing profession

The figure above reveals that the majority of the pupil nurses 86% (n=43) agreed that the guiding rules helped them in coping with the rules of the nursing profession as they formed their good foundations while 14% (n=7) denied that they were helped by these rules. It was noted that most pupil nurses obtained help in coping with the nursing profession through the guiding rule used by their parents. It could then be interesting to find out why 14% (n=7) pupil nurses failed to cope with the demands of the nursing profession inspite of the guiding rules taught by their parents.

5.4.4 Item 10: Impact of The Community On Moral Development Of Pupil Nurses

This item was included so as to determine the impact that the community had on moral development of the pupil nurses from their point of views.
Figure 4. Impact of the community on the moral development of the pupil nurses

The results displayed on figure 5.5 shows that the majority of the pupil nurses 64% (n=32) agreed that interaction with the community had an impact on their moral development while 36% (n=18) of the respondents disagreed that interaction with the community affected their moral development, none of the two groups through commented about their responses.

It is not known that this denial was because of lack of their moral development or because of their good moral development, which was in contrast with the community behaviours.

5.4.5 Item 11: Impact of The Community On The Pupil Nurses

This item was included in order to identify the role played by the community towards the moral development of the second year pupil nurses. This might have a great influence to the behaviour of the pupil nurses.

Table 6. The impact of the community on the pupil nurses

<table>
<thead>
<tr>
<th>Impact of the community to the pupil nurses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational, self esteem</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Good behaviour/ Ubuntu and professional manners</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>No response</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Not applicable</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>
The table above reveals that the majority of the pupil nurses 60% (n=30) did not respond to this question. This was followed by 20% (n=10) of them who responded that they were encouraged by good behaviors, good manners or 'Ubuntu' the community members had, 16% (n=8) of the pupil nurses replied that they were motivated to get educated and to have good self-esteem and 4% (n=2) of them stated that this was not applicable to them.

5.4.6 Item 12: The Effects Of Peer Group Interaction To Moral Development Of Pupil Nurses

The researcher asked this question so as to determine if the interaction with the peer group affected the morality of the pupils or not. Peer group might affect the moral behaviour in one-way or another.

Figure 5. The effects of peer group interaction to moral development of pupil nurses

The figure 7 above reveals that the majority of the pupil nurses 74% (n=37) were not affected by interactions with their peer group in their moral development while 20% (n=10) of pupil nurses agreed that they were affected morally by their peer group interactions. Adolescents should have knowledge in order to evaluate good or evil influences on their behaviours, otherwise if they were not they will be greatly and negatively pressured by peer groups to misbehave. 6% (n=3) respondents replied that peer group influence was not applicable to them. The inconsistency of the responses from the two almost similar
questions points to some of the information that second year pupil nurses did not want to reveal.

5.4.7 Item 13: Effects of Peer Group Interaction

This item was included so as to note in which way the pupil nurses were affected by their peers.

Table 7. Effects of peer group interaction

<table>
<thead>
<tr>
<th>Effects of peer group</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>Clothing</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Change in behavior</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above indicates that 80% (n=40) respondents did not respond, 8% (n=4) agreed that they were affected by peer group, by clothing, another 8% (n=4) responded that they were affected by their change in behaviour and 2(4%) of the pupil nurses stated that this was not applicable to them. However the response from the professional nurses was that pupil nurses were affected by their peers in several negative ways like misbehaving, lack of respect and mood changes and only 3% (n=1) mention positive effect of respect. From the above differences in the results obtained from pupil nurses and professional nurses it is clear that pupil nurses were not aware of negative effects brought about by peers. At the same time second year pupil nurses did not want to expose their misbehaviours as they only mentioned changed in behaviour without any specifics.
5.5 SECTION D: MORAL DEVELOPMENT DURING TRAINING

5.5.1 Item 14: Socialisation About Moral Conduct On Commencement Of Training

This item was very important as it will give clarity to the researcher about the extent of socialisation of pupil nurses on commencement of training as this might have affected their behaviours and their moral development in future.

**Figure 6: Socialisation about moral conduct on commencement of training**

![Chart showing socialisation about moral conduct on commencement of training.](image)

The chart indicates that the majority of the pupil nurses 70% (n=35) replied that they were socialised on commencement of training about moral conduct. This was followed by 24% (n=12) of the respondents who denied the fact that they were socialised on commencement of the course and 6% (n=3) of the pupil nurses did not respond. Socialisation is an important strategy that contributes to proper understanding about the course especially if the students were attending for the first time in any institution.

This is a sign that even if most of the pupil nurses were socialised about moral conduct, but not all of them behaved as it was expected.
5.5.2 Item 15: Information Given On Commencement of Training

This item was included so as to find out about any information given on commencement of training as foundation for moral development.

**Table 8. Information given on commencement of training**

<table>
<thead>
<tr>
<th>Information given by pupil nurses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information given on professional conduct</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Fulfillment of goals of education</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>34</td>
<td>68</td>
</tr>
<tr>
<td>N/A</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above reveals that 68% (n=34) pupil nurses did not respond, 24% (n=12) replied that they were taught about professional conduct 3(6)% of the pupil nurses said it was not applicable to them and 2% (n=1) replied that they were told to fulfill their goals of education. It is surprising that most of the pupil nurses 34% (n=34) did not respond to this question. This created some doubt whether they understood the question or not as moral conduct is a very important concept in the nursing profession let alone the foundations of moral conduct.

5.5.3 Item 16: Information Given During First Year About Ethics

It is very important for this item to be included so as to find out what was taught and whether it was according to the curriculum of the SANC or not during the first year of training.
Table 9. Information given during first year about ethics

<table>
<thead>
<tr>
<th>Information given during the first year of training</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital etiquette</td>
<td>28</td>
<td>56</td>
</tr>
<tr>
<td>Rules and regulations</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Definition of terms</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Rights of patients</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above shows that 56% (n=28) of the pupil nurses were taught about hospital etiquette while 10% (n=5) mentioned the rules and regulations of the nursing profession and 30% (n=15) did not respond. Only 2% (n=1) pupil nurse mentioned that she/he was taught about the definition of terms and another 2% (n=1) mentioned the rights of the patients. However what was taught was within the curriculum prescribed by the SANC.

It could also be noted that most of the pupil nurses were given lectures on hospital etiquette, which is very important as it provides conventional rules regarding correct conduct of a special occupational group. Hopefully the lectures will contribute favorably to their moral development.

5.5.4 Item 17: Adequate Information Taught To Pupil Nurses During First Year To Make Them Grow Ethically And Morally

This item was included so as to determine whether the content that was taught was enough to make pupil nurses to grow ethically and morally.
Figure 7. Adequacy of information taught to pupil nurses during the first year to make them grow ethically and morally

The figure above shows that the majority of pupil nurses 92% (n=46) was given enough information to make them grow ethically and morally. Being a good nurse doesn’t only demand theoretical knowledge and practical expertise, but also practical wisdom in order to acquire moral responsibility or virtue. This is achieved by socialisation. Only 8% (n=4) respondents denied that they were taught enough to grow morally and ethically. Hopefully at present at second year level this information enabled them to be morally developed. This will depend on the assessments that will be done on them by the professional nurses supervising them.

5.5.5 Item 18: Methods Used For Teaching Pupil Nurses

This question was included to identify the methods that were used to teach pupil nurses. This is because various methods of teaching are used, but what is important is to use the method that will suite the content offered for effectiveness.
Table 10. Methods used for teaching pupil nurses

<table>
<thead>
<tr>
<th>Method used for teaching</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>26</td>
<td>52</td>
</tr>
<tr>
<td>Lecture and discussion</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Discussion</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Lecture and presentation</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Different of them</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>N=50</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above reveals that the majority 52% (n=26) pupil nurses were taught by nurse educators using a lecture method of teaching, 24% (n=12) pupil nurses mentioned lecture and discussion, 12% (n=6) of them mentioned that different methods were used. 8% (n=4) of them mentioned lecture and presentation methods and only 4% (n=2) of them mentioned. That is why (Mellish and Brink 2012:121) commented that a lecture method of teaching is not advisable as it encourages the students to become passive recipients of information without any active participation.

5.5.6 Item 19: The Extent To Which The Programme Was Designed So As To Develop The Pupil Nurses To Full Maturity

This item was included in order to find out if the content of the programmes was designed to develop the pupil nurses to full maturity or not.
Figure 8. The extent to which the programme was designed so as to develop the pupil nurses to full maturity

The above results shows that 84% (n=42) pupil nurses agreed that the programme enabled them to develop to full maturity while 16% (n=8) disagreed that the programme was designed to develop them to full maturity. From the above results it is clear that the majority of the pupil nurses benefited from the programme. It might have happened that the remaining pupil nurses did not benefit from the programme meaning that they would need more information in order to mature fully.

5.5.7 Item 20: Omissions Identified From The Programme

Pupil nurses were asked to identify certain omissions from the programme. This was done in order to fill in any information that was lacking.

Table 11. Omissions identified from the programme

<table>
<thead>
<tr>
<th>Omissions</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justice to patients</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Ethics</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Reflective thinking</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>N/A</td>
<td>42</td>
<td>84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above indicates that the majority 84% (n=42) responded that this was not applicable to them, 8% (n=4) of the pupil nurses mentioned that information on doing
justice to the patients was omitted. 4% (n=2) pupil nurses mentioned ethics and another 4% (n=2) mentioned critical thinking. It is not clear though as to which part of ethics was omitted.

5.5.8 Item 21: Extent Of Understanding Ethical Concepts By The Pupil Nurses

This item was included in order to evaluate the extent of understanding of ethical concepts by the pupil nurses. Understanding of the ethical concepts would enable them to apply them in practice thereby developing their moral judgments.

Table 12. Extent of understanding ethical concepts by the pupil nurses

<table>
<thead>
<tr>
<th>Ethical concepts</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>No response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
<td>17</td>
<td>34</td>
<td>20</td>
<td>40</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Morality</td>
<td>16</td>
<td>32</td>
<td>10</td>
<td>20</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Ethics</td>
<td>19</td>
<td>38</td>
<td>-</td>
<td>-</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td>Professional practice</td>
<td>20</td>
<td>40</td>
<td>16</td>
<td>32</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Attitudes</td>
<td>12</td>
<td>24</td>
<td>18</td>
<td>36</td>
<td>14</td>
<td>28</td>
</tr>
</tbody>
</table>

The table above shows that on:

Values

The majority of the pupil nurses 40% (n=20) disagreed that they had understanding of this concept, while 34% (n=17) agreed and 26% (n=13) did not respond. The results are indications that pupil nurses did not fully understand the concept. It could have made sense if everyone of them was made to explain the concept in order to find their understanding of the concept. Lack of understanding of the concept value could hinder their moral development, as they will have no values to observe.
Morality
The results above reveal that the majority 48% (n=24) of the pupil nurses did not respond, 32% (n=16) agreed that they understood morality and only 20% (n=10) denied understanding of concept morality. This again might hinder their moral development because they will fail to understand as to what was morally good or bad.

Ethics
The table above reveals that 62% (n=31) respondents did not respond, 38% (n=19) pupil nurses agreed that they understood the concept and none of them stated that this concept was not understood. The high number of those that did not respond is also a sign that they did not understand ethics in nursing and it will be easy for them to behave unethically but not be aware of it.

Professional practice
The majority of the pupil nurses understood the meaning of professional practice 40% (n=20), 32% (n=16) of them did not understand it and 28% (n=14) did not respond. It could be argued that those who mentioned the understanding of professional practice will develop well morally as they will always strive to practice professionally in the clinical areas.

Attitudes
The responses displayed above shows that 36% (n=18) of the pupil nurses did not understand the term attitudes, while 28% (n=14) did not respond and 24% (n=12) of them responded positively. When the professional nurses were asked to indicate reasons for lack of socialization on moral conduct of pupil nurses 6% (n=2) of them mentioned negative attitudes that pupil nurses displayed. These negative attitudes seem not to be understood by most of pupil nurses and others did not respond. This might be the indication that pupil nurses will continue displaying negative attitudes towards the nursing profession and the patients without being aware. This is a challenge facing the nurse educators and professional nurses in the clinical areas, who will have to correct the situation by offering further and extensive socialisation of pupil nurses on attitudes so that they avoid further negative attitudes occurring, because displaying negative attitudes are a sign of poor moral development. In contrast 78% (n=42) professional nurses agree that pupil nurses displayed positive attitudes towards the patients as opposed to 22%
(n=8) who disagreed. Generally there appears to be lack of understanding of all the ethical concepts that are so important for moral development.

5.5.9 Item 22: Knowledge Of Ethical Principles

The question on knowledge of ethical principles was asked so as to find out the extent of knowledge of these ethical principles by the pupil nurses as they are important in decision-making when faced with dilemmas.

Table 13. Knowledge of ethical principles

<table>
<thead>
<tr>
<th>Ethical principles</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>No response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficence</td>
<td>40</td>
<td>80</td>
<td>6</td>
<td>12</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Autonomy</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>60</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Veracity</td>
<td>15</td>
<td>30</td>
<td>11</td>
<td>22</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Justice</td>
<td>17</td>
<td>34</td>
<td>3</td>
<td>6</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Fidelity</td>
<td>12</td>
<td>24</td>
<td>8</td>
<td>16</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>30</td>
<td>60</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

The table above shows the following results on the knowledge of ethical principles by the pupil nurses:

**On Beneficence:**
The majority 80% (n=40) of the respondents agreed that they possessed good knowledge of the meaning of beneficence, 12% (n=6) pupil nurses disagreed and 8% (n=4) did not respond. It could then be very much appreciated if they also can apply this principle in practice.

**Autonomy**
60% (n=30) of the pupil nurses stated that they had no knowledge of the meaning of autonomy, 20% (n=10) agreed that they knew and another 20% (n=10) did not respond. It
can be a real problem if 60% (n=30) pupil nurses did not know the meaning of autonomy because this might hinder their moral development ending up dependent to their seniors in decision making.

**Veracity**
The table above revealed also that only 30% (n=15) of the respondents who had knowledge of the meaning of veracity while 22% (n=11) did not know, and the highest 48% (n=24) of the pupil nurses did not respond. This means that very few of them had knowledge about the meaning of veracity and for the fact that most of them did not respond, was an indication that they need more emphasis on this principle for their maturity.

**Justice**
The table above shows also that, the majority 60% (n=30) of the respondents did not respond, 34% (n=17) pupil nurses agreed that they knew the meaning of the principle of justice, and 6% (n=3) of the pupil nurses had no knowledge. This shows that they lacked knowledge of the meaning of justice principle, which is very important in their nursing practice, as they will fail to apply justice to all the patients in the nursing unit.

**Fidelity**
The results display that 60% (n=30) respondents did not respond and this shows that they did not know about the principle of fidelity, 24% (n=12) agreed that they had knowledge, while 16% (n=8) did not know about it.

**Confidentiality**
The majority of respondents 60% (n=30) stated that they had knowledge of confidentiality, 30% (n=15) did not respond and 10% (n=15) denied. The above mentioned ethical principles are very important in nursing practice for any nurse, because its application in practice means the nurse has good moral development. It is then clear that, they will have to be emphasised and included in the second year pupil nurses curriculum for effectiveness. Professional nurses 19% (n=7) identified the following as problems they experienced with pupil nurses failing to apply the theory gained into practice on ethical principles, 22% (n=8) mentioned misconduct and 25% (n=9) mentioned lack of interest.
These problems might have been brought about by lack knowledge of the above principles.

5.5.10 Item 23: Subject Content Taught During The Second Year Of Training

This question was asked so as to identify the subjects that were covered during the second year of training so that if not much was covered they could be helped in closing the gaps in future.

**Table 14. Subject content taught during the second year of training**

<table>
<thead>
<tr>
<th>Subject content covered during the second year</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional practice</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Ethical concepts</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Rules and regulations and code of ethics</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Morality</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>No response</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

The table above shows that the majority of pupil nurses 40% (n=20) did not respond, 32% (n=16) of the respondents replied that they were taught professional practice, 10% (n=5) mentioned ethical concepts while another 10% (n=5) pupil nurses mentioned morality and 8% (n=4) mentioned rules and regulations and code of ethics. Moral development was aimed at teaching learner nurses to respect the patient’s rights, observe rules and regulations of the nursing profession and to modify their behaviours by observing their role models which are professional nurses.

It is though amazing why the majority of the pupil nurses did not respond to the questions as they were interviewed when they were on their second year level. It could have been very easy for them to mention the content that was already covered. Some of these responses confirm lack of interest as it was identified by the professional nurses.
5.5.11 Item 24: Differences Between Subject Content Taught During The First Year And Second Year Level Of Training

This question was included in order to identify the differences between subject matter taught during first and second year level of training, so that if no differences, something should be done

Figure 9. Difference between subject content taught during first year and second year level

According to the results shown by figure 5.11, 70% (n=35) respondents replied that there were differences between the subject matter taught during the first year and second year level of training and 26% (n=13) of the pupil nurses did not identify the differences. Only 4% (n=2) respondents did not respond to the question. The above results could mean that most of the second year pupil nurses identified the differences in the content, which is quite acceptable. By right there should be differences between the two for better moral growth and development. It was noted though that most professional nurses 53% (n=19) did not notice any differences in subject content on moral development between first and second year pupil nurses. The few 30% (n=11) professional nurses that identified the differences mentioned professional behavior and maturity and 12% (n=4) mentioned more knowledge and high moral standards from the few second year pupil nurses.
5.5.12 Item 25: Information Enough To Enable The Pupil Nurses To Provide Professional And Ethically Based Nursing Care

This question was included in order to assess if the pupil nurses felt empowered enough to provide professionally and ethically based care or not.

Figure 10. Information enough to enable the pupil nurses to provide professional and ethnically based nursing care

The figure above reveals that the majority of pupil nurses (94% (n=47) felt that the information given to them was enough to enable them to provide professionally and ethically based nursing care and 6% (n=3) of the respondents disagreed as 69% (n=25) said that they were able to make decisions and respected patients rights. Although there were some disagreements on certain issues like respect of seniors, observing rules and regulations, relationship with colleagues, following channels of communication, reliability, reporting their movements in the wards and displaying confidence. These issues need to be looked into. Also on item 15 on understanding of ethical concepts 44% (n=16) professional nurses disagreed that pupil nurses had good attitudes, as only 28% (n=10) of them agreed that pupil nurses displayed positive attitudes towards patients and the nursing profession as a whole. This is confusing as in item 23 professional nurses 78% (n=42) which is the majority stated that pupil nurses displayed positive attitudes.
5.5.13 Item 26: Expected Information

This question was included in order to obtain from the pupil nurses as to whether the information they expected to be provided with in order to provide ethically and professionally based nursing care was relevant or not to their practical needs.

Figure 11. Expected Information

Majority of the pupil nurses 94% (n=47) did not respond while 6% (n=3) of them responded that this was not applicable in other words they were not clear of what they expected to be provided with in their curriculum. These results however are not acceptable because each student is expected to have certain educational needs before any information is given on any subject. That is why the outcomes are stated clearly before any teaching and learning takes place. These results were indications that professional practice was a bit abstract which is something that need to be corrected for their good moral development.

5.5.14 Item 27: Methods Used When Evaluating Pupil Nurses

It became necessary to ask this question about the methods that there were used by nurse educators when evaluating pupil nurses in order to assess their relevance of moral development content.
Table 15. Methods used when evaluating pupil nurses

<table>
<thead>
<tr>
<th>Methods of evaluation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written tests and written</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practicals, orals</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Questions, workbooks</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Group discussions</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>27</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above reveals that 54% (n=27) pupil nurses did not respond to this question, 28% (n=14) stated that they were evaluated by written tests and written examinations, 10% (n=5) mentioned practicals and orals, while 6% (n=3) of them stated questions and assessment of workbooks. Only 2% (n=1) respondent said that group discussions were used when being evaluated. It is clear from the above results that nurse educators when evaluating pupil nurses used various methods of evaluations. It is not known as to why most of them did not respond. It could also be argued that other methods of evaluation could have been used because of different moral issues and dilemmas involved in ethics for proper development of pupil nurses like debates, role plays, critical thinking, reflection, and through more group discussions. Written tests and examinations could have been used minimally.
5.6 SECTION E: MORAL DEVELOPMENT IN THE CLINICAL AREAS

This section was included for the sake of finding out about the state of moral development of second year pupil nurses in the clinical areas.

5.6.1 Item 28: Professional Nurses As Role Models In Order To Develop Pupil Nurses Morally

This item was included in order to find out from the pupil nurses if the professional nurses were good role models in the wards in order to assist them in their moral development.

**Figure 14. Professional nurses as role models in order to develop pupil nurses morally**

![Bar chart showing the responses to the question.]

The figure above shows that 48% (n=24) pupil nurses agreed that professional nurses were good roles models while another 48% (n=24) of them denied this fact and 4% (n=2) did not respond.

It is obvious from the above results that not all the professional nurses were good role models for the pupil nurses.

5.6.2 Item 29: Copied Good Behaviours From Professional Nurses

It became important that the pupil nurses mentioned the good behaviours that they observed and copied from the professional nurses in the clinical areas.
Table 16. Copied behaviours from the professional nurses

<table>
<thead>
<tr>
<th>Copied Behaviours</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Behaviour and respect</td>
<td>7</td>
<td>14%</td>
</tr>
<tr>
<td>Punctuality</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>Dress code</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Quality patient care</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>24</td>
<td>48%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The results above displayed as follows 48% (n=24) pupil nurses stated this item as not applicable because they did not observe any good behaviour. 16% (n=8) of the pupil nurses copied provision of quality patient care, 14% (n=7) copied good behaviours and respect, 10% (n=5) of them copied the state of punctuality on duty, 8% (n=4) copied how professional nurses dress up their uniforms and lastly 4% (n=2) did not respond. Moral development is aimed at teaching learners in modifying their behaviours by observing role models of the profession like professional nurses. The above good behaviours copies might have contributed positively to the moral development of the pupil nurses.

5.6.3 Item 30: Supervision Provided By Professional Nurses In The Clinical Areas So As To Ensure That Practice Was Based On Code Of Ethics

This item was included so as to find out if pupil nurses worked under the supervision of professional nurses so as to be guided and corrected morally as they practiced.
Figure 15. Supervision provided by professional nurses in clinical areas so as to ensure that practice was based on code of ethics

The figure above indicates that 82% (n=41) pupil nurses were supervised in the clinical areas and 18% (n=9) denied that they were supervised. Supervision is one of the administrative and teaching functions of the professional nurses in the clinical areas that is why (Mellish, Oosthuizen and Paton 2010:176) states that the aim of supervision is guidance to the one who is a less expect in order to improve performance and obtain job satisfaction so that the ultimate goal of maintaining patient care is achieved.

5.6.4 Item 31: Personnel Providing Supervision In Most Of The Time

This item was included as it was important to find out the personnel who were mostly responsible for supervising the pupil nurses in the clinical areas as student supervision is a team approach including all the different personnel.
Table 17. Personnel providing supervision most of the time

<table>
<thead>
<tr>
<th>Supervisor most of the time</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Nurses</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Nurse educators</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Clinical instructors, doctors, professional nurses and nurse educators</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Clinical instructor</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>No response</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above reveals that 32% (n=16) pupil nurses were mostly supervised by professional nurses while 26% (n=13) replied that they were supervised by clinical instructors, doctors, professional nurses and nurse educators, 18% (n=9) did not respond and only 12% (n=6) were supervised by the nurse educators only. The last 12% (n=6) mentioned that the clinical instructors supervised them. It could be appreciated from this that supervision of the pupil nurses was a team approach that will eventually result in proper moral development in the future. What is mostly noted is the active involvement of the nurse educators in supervising the pupil nurses as this sometimes was found lacking because they always complained of shortage of staff and high work-loads in the classroom. There is no doubt that this will contribute to good moral development of pupil nurses as theory will be better correlated in practice.

5.6.5 Item 32: The Code Of Ethics And Scope Of Practice Regulations Displayed In The Units For Pupil Nurses To Read

This item was included so as to verify if the code of ethics and the scope of practice were displayed in the units so that pupil nurses could refer to it. This could greatly influence their moral development.
This figure reveals that 56% (n=28) pupil nurses agreed that Code of ethics and scope of practice regulations were displayed in the units for easy access to them for reading in order to increase their morality and 44% (n=22) of the pupil nurses denied that these documents were displayed. (Searle 2009:104) commented that professions adopted and promulgated ethical codes as a means of establishing standards of behaviours.

It could be advisable that all the professional nurses should try by all means to display these documents with the aim of promoting professional practice and good moral development of the second year pupil nurses.

5.6.6 Item 33: Contributions Of Code Of Ethics And Scope Of Practice To The Moral Development Of The Pupil Nurses

It was essential to ask this question so as to verify if code of ethics and the scope of practice displayed in their wards contributed to their moral growth and development of the pupil nurses or not.
Table 18. Contributions of code of ethics and scope of practice to the moral development of pupil nurses

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>28</td>
<td>56%</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>N/A</td>
<td>6</td>
<td>12%</td>
</tr>
<tr>
<td>No Response</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>N=50</td>
<td>100%</td>
</tr>
</tbody>
</table>

This table displays that 56% (n=28) of the respondents replied that code of ethics and scope of practice contributed to pupil nurses’ moral development while 24% (n=12) of them responded that it did not contribute to their moral growth and 12% (n=6) stated that it was not applicable. Lastly 8% (n=4) of the pupil nurses never responded. According to the nursing profession it is an obligation for nurses to observe the Code of Ethics as it emphasises commitment and rendering ethically based care to patients. According to the results above, it is obvious that the above-mentioned documents contributed towards the development of some of second year pupil nurses morals.

5.6.7 Item 34: Given Opportunity To Freely Examine Conditions That Create Moral Issues

This item was included in order to ascertain whether the second year pupil nurses were given opportunities to be actively involved in conditions that created moral issues or not. This would greatly influence their moral development.
The figure above shows that the majority of pupil nurses 50% (n=25) agreed that they were given opportunities to freely examine conditions that created moral issues, 36% (n=18) of them denied this fact and 14% (n=7) did not respond to this question. Nurses need to freely examine cases preferably of their own experiences, the conditions which created moral issues like termination of pregnancy, euthanasia and others for good moral decision making.
5.7 SECTION F: ETHICAL DEVELOPMENT

5.7.1 Item 35: Attitudes Of Pupil Nurses Towards Patients

This item was included in order to identify the attitudes of second year pupil nurses towards the patients.

**Figure 18. Attitudes of second year pupil nurses towards patients**

The figure above reveals that all second year pupil nurses 100% (n=50) replied that they had positive attitudes towards the patients.

5.7.2. Item 36: Engagement Of Pupil Nurses In Moral Reasoning Before Taking Ethical Decisions

The item above was asked so as to determine if the pupil nurses were involved in moral reasoning by their supervisors. This is important as it extends their moral growth.
Table 19. Engagement of pupil nurses in moral reasoning before taking ethical decisions

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>34</td>
<td>68</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>No response</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

The majority 68% (n=34) of second year pupil nurses agreed that they were engaged in moral reasoning before taking ethical decisions. Education of pupil nurses should be adapted to moral issues so as to increase their moral reasoning. 24% (n=12) of the respondents disagreed to the fact that they were engaged in moral reasoning while 8% (n=4) of the pupil nurses never responded.

5.7.3 Item 37: Success in Making Decisions

This item was included so as to evaluate if the pupil nurses were successful in making decisions by using values of the profession.

Table 20. Success in decision making

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37</td>
<td>74</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>No response</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>TOTAL</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

This table above reveals that the majority of the pupil nurses 74% (n=37) agreed that they were successful in decision-making. Values help in decision-making. 18% (n=9) of the respondents never responded to this question and 8% (n=4) of the respondents answered that they were not successful in making decisions.

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5.8 SECTION G: PERSONALITY

Section G on personality was included so as to identify the behaviours of the pupil nurses with an aim of correcting their misbehaviours if any.

Pupil nurse were asked to indicate whether they A = agree, SA-strongly agree, N/S - Not sure, D-disagree, SD- strongly disagree or not with the items mentioned below.

Table 21. Personality

<table>
<thead>
<tr>
<th>Personality</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
<th>NS</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>38. Cheerful and hopeful all the time</td>
<td>19</td>
<td>38</td>
<td>25</td>
<td>50</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>39. Punctual on duty</td>
<td>23</td>
<td>46</td>
<td>21</td>
<td>42</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>40. Wearing clean and tidy uniform all the time</td>
<td>12</td>
<td>24</td>
<td>35</td>
<td>70</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>41. Report movement from ward</td>
<td>21</td>
<td>42</td>
<td>19</td>
<td>38</td>
<td>6</td>
<td>12</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>42. Reliable and honest</td>
<td>18</td>
<td>36</td>
<td>27</td>
<td>54</td>
<td>3</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>43. Trustworthiness</td>
<td>15</td>
<td>30</td>
<td>28</td>
<td>56</td>
<td>4</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

5.8.1 Item 38: Cheerful And Hopeful At All The Time

The researcher asked this question in order to evaluate the personality of the second year pupil nurses as they rendered nursing care to the patients. The table above shows that the majority of pupil nurses 50% (n=25) strongly agreed that they were cheerful and hopeful all the time as they were never discouraged by any circumstances, 38% (n=19) of them agreed, the remaining 8% (n=4) disagreed and lastly 6% (n=3) strongly disagreed. The professional nurses also agreed that pupil nurses were cheerful and hopeful.
5.8.2 Item 39: Punctuality On Duty

The researcher included this item so as to evaluate if pupil nurses observed the hours of duty by reporting on and off duty on time. The majority 46% (n=23) of pupil nurses agreed that they were punctual on duty. The rest 42% (n=21) of respondents strongly agreed to this point of punctuality, 6% (n=3) were not sure while another 6% (n=3) disagreed that they resumed duties punctually. No one strongly disagreed.

5.8.3 Item 40: Wearing Clean and Tidy Uniforms At All The Times

This item was included to find out if the pupil nurses observed the principles of wearing uniforms tidily as the dignity of the profession is maintained from it. Uniforms should be worn proudly and should be clean and tidy. The majority of the pupil nurses 70% (n=35) strongly agreed that they observed the principles of wearing uniforms accordingly. This was followed by 24% (n=12) who also agreed that they wore clean and tidy uniforms, 4% (n=2) of the respondents disagreed and only 2% (n-1) pupil nurses were not sure.

These results were in agreement with those of the professional nurses as 67% (n=24) were of the idea that pupil nurses wore clean and tidy uniforms all the time.

5.8.4 Item 41: Report Movements From The Unit

This item was important as it was meant to find out if pupil nurses adhered to the rules and policies as reporting will indicate that their morality was well developed. The researcher also included this item so as to evaluate their behaviours on duty. The majority of the pupil nurses 42% (n=21) agreed that they reported to the person incharge of the wards, 38% (n=19) of them strongly agreed. The remaining 12% (n=6) of the pupil nurses responded that they were not sure, 4% (n=2) of them disagreed and the other 4% (n=2) pupil nurses strongly disagreed that they reported their movements. It is clear then from these results that pupil nurses respected their seniors as most of them agreed on reporting their movements.
5.8.5 Item 42: Reliability And Honesty

This item is important as reliability and honesty are essential characteristics of good morals and matured nurses.

The table above reveals that the majority of the pupil nurses 54% (n=27) strongly agreed that they were reliable and honest while 36% (n=18) of them just agreed. It is important that the nurses should always tell the truth in practice. 6% (n=3) of the pupil nurses replied that they were not sure. This lack of reliability is serious thing as all the nurses are expected to be very reliable when rendering patient care, though in this case no clarity was given by professional nurses as to where they were found to be unreliable.

5.8.6 Item 43: Trustworthiness

This question was included in order to measure moral growth of second year pupil nurses, which is characterized by trustworthiness. The table above indicates that 56% (n=28) of the pupil nurses strongly agreed that they were trustworthy, followed by 30% (n=15) who agreed that they were trustworthy. The 8% (n=4) of them replied that they were not sure and 6% (n=3) strongly disagreed.

It could also be noted that from the findings of the professional nurses most of them 50% (n=18) disagreed with the above responses from the pupil nurses. It could be clear then from these results that second year pupil nurses were experiencing some personality problems as viewed by their supervisors. This lack needs to be looked into further with the aim of correcting them for proper moral development.
5.9 SECTION H: PATIENT CARE

The inclusion of this section aimed at assessing how the second year pupil nurses were providing patient care to the patients. Second year pupil nurses were asked to indicate whether they agree, strongly agree, not sure, disagree and strongly disagreed with the items mentioned below.

Table 22. Patient care

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
<th>N/S</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. Empathetic to the patients</td>
<td>13</td>
<td>26</td>
<td>34</td>
<td>68</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>45. Behave responsible to patients</td>
<td>15</td>
<td>30</td>
<td>32</td>
<td>64</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>46. Listen to patients problem and respond</td>
<td>21</td>
<td>42</td>
<td>25</td>
<td>50</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>47. Friendly understanding and receptive to patients</td>
<td>14</td>
<td>28</td>
<td>33</td>
<td>66</td>
<td>3</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>48. Communicate with the patients politely</td>
<td>16</td>
<td>32</td>
<td>31</td>
<td>62</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>49. Render ethically based care to patients</td>
<td>16</td>
<td>32</td>
<td>25</td>
<td>50</td>
<td>5</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>50. Maintain good patient relationship</td>
<td>22</td>
<td>44</td>
<td>28</td>
<td>56</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>51. Know responsibilities or obligations to patients</td>
<td>26</td>
<td>52</td>
<td>22</td>
<td>44</td>
<td>2</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>52. Display competency in cognitive affective and psychomotor skills</td>
<td>23</td>
<td>46</td>
<td>17</td>
<td>34</td>
<td>10</td>
<td>20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>53. Display fairness to all patients</td>
<td>19</td>
<td>38</td>
<td>26</td>
<td>52</td>
<td>4</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>54. Demonstrate ability to function independently</td>
<td>28</td>
<td>56</td>
<td>17</td>
<td>34</td>
<td>3</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
5.9.1 Item 44: Empathetic To Patients

This item was included in order to evaluate how the second year pupil rendered their nursing care to patients. In other words their emotions were being measured whether they were matured or not. The table above reveals that the majority of pupil nurses 68% \((n=34)\) strongly agreed that they displayed empathy to patients while 26% \((n=13)\) of them agreed. This was followed by 6% \((n=3)\) who strongly disagreed. According to (Searle 2009:90) compassion is a caring behaviour that is characterised by empathy and emotional attachment.

5.9.2 Item 45: Behaved Responsible To Patients

It was important to include this item so as to evaluate if second year pupil nurses behaved responsibly to the patients or not. Table 5.22 shows that 64% \((n=32)\) of the pupil nurses strongly agreed that they behaved responsibly, followed by 30% \((n=15)\) of them who agreed and 6% \((n=3)\) strongly disagreed, and none of them disagreed and were not sure.

5.9.3 Item 46: Listen to Patients Problems And Responded Immediately

Inclusion of this item aimed at evaluating pupil nurses if they actually listened to the patient’s problems and responded appropriately. The table above displays that the majority of the respondents 50% \((n=25)\) strongly agreed that they listened to the patients and responded on time, 42% \((n=21)\) agreed and only 6% \((n=3)\) strongly disagreed. None of them disagreed or was not sure. Professional nurses’ results were also in agreement with the above results of the pupil nurses as 36% \((n=13)\) agreed.

5.9.4 Item 47: Friendly, Understanding And Receptive To Patients

It was important to include this item because if nurses display friendliness, understanding and receptive attitudes, patients’ recovery will speed up. If the above concepts were used appropriately they might encourage moral maturity of the pupil nurses.
Table 5.22 above shows that 66% (n=33) pupil nurses strongly agreed that they were friendly, understanding and receptive to the patients. This was followed by 28% (n=14) who also agreed and 6% (n=3) pupil nurses who were not sure. The professional nurses were also in agreement with the above results as 44% (n=16) of them agreed.

5.9.5 Item 48: Communicate With the Patients Politely

This item was included so as to evaluate the communication skills of the second year pupil nurses. The results above shows that the majority 62% (n=31) of the pupil nurses strongly agreed to the fact that they communicated with the patients and 32% (n=16) of the respondents agreed. According to (Searle 2009:262) communication is the basis of all human relations that reveal good nurse patient relationship. 4% (n=2) of them strongly disagreed while 2% (n=1) was not sure. No one disagreed. It is encouraging to note that even the professional nurses 50% (n=18) agreed to these findings. It is clear then that moral development of the pupil nurses was acceptable by everybody.

5.9.6 Item 49: Render Ethically Based Care

This question was asked in order to find out if pupil nurses rendered quality and ethically based care. This would be a proof of their high moral development. The table 5.22 above reveals that the majority of pupil nurses 50% (n=25) strongly agreed that they rendered ethically based care to patients. 32% (n=16) of the respondents also agreed to rendering ethically based care, 10% (n=5) of them were not sure, 8% (n=4) strongly disagreed and no one disagreed. The professional nurses 31% (n=14) agreed but those who disagreed and strongly disagreed were quite high 28% (n=10) and 6% (n=2) respectively. This is a sign that not all professional nurses equally agreed.

5.9.7 Item 50: Maintain Good Patient Relations

This question was asked in order to evaluate the state of nurse patient relationship of the pupil nurses when rendering nursing care. The table above displays that 56% (n=28) pupil
nurse strongly agreed that they maintained good nurse patient relationship while 44% (n=22) also agreed to this item. No one disagreed and strongly disagreed. It is clear from the above results that pupil nurses were morally well developed as the professional nurses 56% (n=20) also agreed. Providing good nurse patient relationship is a sign of good moral development of the pupil nurses.

5.9.8 Item 51: Knew Their Obligations To The Patients

This item was included to find out about the state of knowledge of pupil nurses about their obligations to the patients. Table 5.22 reveals that 52% (n=26) of pupil nurses agreed that they knew their obligation to the patients. That is why (Sullivan 1994:56-61) emphasised that nurses should know their obligations at all times and that they should display competence in their work. 44% (n=22) strongly agreed, 4% (n=2) were not sure and no one disagreed to this item.

5.9.9 Item 52: Displayed Competence In Cognitive, Effective And Psychomotor Skills

This item was included because the researcher wanted to assess the cognitive, affective and psychomotor skills of second year pupil nurses. This will reveal their state of moral development. The table above shows that 46% (n=23) pupil nurses agreed that they displayed competence in their cognitive, affective and psychomotor skills and 34% (n=17) of them strongly agreed. The other 20% (n=10) replied that they were not sure and none of them disagreed. However, most of the professional nurses 44% (n=16) disagreed that pupil nurses were competent. These results are unfortunate because each and every nurse should display competence in the clinical areas for effective patient care.

5.9.10 Item 53: Display Fairness To All Patients

This item was included in order to determine if pupil nurses displayed fairness to all the patients or not. Table 5.22 indicates that 52% (n=26) pupil nurses strongly agreed that
they displayed fairness to all patients, 38% (n=19) also agreed. Patients have a right to fair treatment according to (van Tonder 2011:150). 8% (n=4) of pupil nurses replied that they were not sure and 2% (n=1) strongly disagreed to this. No one disagreed. The results above were in agreement with those of professionals as 56% (n=200) of the supervisors agreed that pupil nurses displayed fairness to all patients. This is pleasing as it is a sign that pupil nurses were well developed morally.

5.9.11 Item 54: Demonstrate The Ability To Function Independently

The question was included to evaluate if pupil nurses saw themselves as functioning independently without being closely supervised. This would indicate high moral development. The table above reveals that 52% (n=28) pupil nurses agreed that they were able to function independently, 34% (n=17) of them strongly agreed to this fact, 6% (n=3) of them were not sure, and 4% (n=2) strongly disagreed and no one disagreed. It is important that nurses should be able to function independently in practice. Although pupil nurses saw themselves as being able to function independently, the professional nurses 30% (n=11) disagreed with these results.

It could be highlighted that second year pupil nurses judged themselves to be morally well developed in patient care but some professional nurses that supervised them disagreed in some items.
5.10 SECTION I: PATIENTS RIGHTS

This section was included in order to assess second year pupil nurses if they respected rights of the patients they were serving during their training as this might confirm their moral development.

Pupil nurses were asked to indicate with A-agree, SD-strongly agree, NS- not sure, D-disagree, SD—strongly disagree with the items below

Table 23. Patients rights

<table>
<thead>
<tr>
<th>ITEM</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
<th>NS</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 Maintained Privacy</td>
<td>17</td>
<td>34%</td>
<td>32</td>
<td>64%</td>
<td>1</td>
<td>2%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>56 Maintain confidentiality to patients affairs</td>
<td>12</td>
<td>24%</td>
<td>35</td>
<td>70%</td>
<td>3</td>
<td>6%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>57 Always obtained consent before performing any procedure</td>
<td>13</td>
<td>26%</td>
<td>35</td>
<td>70%</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>4%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>58 Observe patient for refusal of treatment</td>
<td>21</td>
<td>42%</td>
<td>22</td>
<td>44%</td>
<td>7</td>
<td>14%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>59 Observe right for fair treatment as a human being</td>
<td>20</td>
<td>40%</td>
<td>24</td>
<td>48%</td>
<td>6</td>
<td>12%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>60 Respect right to be treated as a human being</td>
<td>15</td>
<td>30%</td>
<td>34</td>
<td>68%</td>
<td>1</td>
<td>2%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>61 Maintain respect for dignity of patient</td>
<td>18</td>
<td>36%</td>
<td>30</td>
<td>60%</td>
<td>2</td>
<td>4%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

5.10.1 Item 55: Maintained Privacy

The researcher asked this question on maintenance of privacy in order to assess if second year pupil nurses maintained privacy when providing patient care. If they were found to be doing it, this will be a sign that they were well developed.

The table above reveals that the majority of the second year pupil nurses (n=34) strongly agreed that they maintained privacy when caring for patients, 34% (n=17) of them agreed. Confidentiality and privacy should be maintained according to the Bill of Human

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Rights. Only 2% (n=1) respondents was not sure and one disagreed. When the results were compared with those of professional nurses, 47% (n=17) also agreed which is a sign that second year pupil nurses were morally developed which is what is required at their level.

5.10.2 Item 56: Maintain Confidentiality Of Patients Affairs

This question was included so as to determine if second year pupil nurses maintained confidentiality of the patients affairs. The table indicates that 70% (n=35) of the respondents strongly agreed to the fact that they maintained confidentiality, followed by 24% (n=12) of them who also agreed.

According to SANC Regulation 1649, the pupil nurses are under obligation to maintain professional secrecy or confidentiality of all the patients, 6 (n=3) were not sure and none of them disagreed or strongly disagreed. This is a sign of high moral maturity, 52% (n=19) supervisors agreed with the above results and 28% (n=10) of supervisors disagreed with the above results. It could have happened that some of the pupil nurses were not, of which they might need assistance in this aspect.

5.10.3 Item 57: Always Obtain Consent Before Performing Any Procedures

This item was asked so as to rate the competency of the pupil nurses in obtaining consent from the patients before doing any procedure. Obtaining consent before any procedure is done to protect the patients' rights. The table above shows that 70% (n=35) of the pupil nurses strongly agreed that they obtained consent before doing procedures, while 26% (n=13) of them also agreed to this. The 4% (n=2) of the respondents disagreed and 2% (n=1) strongly disagreed. The Bill of Rights emphases that consent should be obtained before doing any procedure. Observing the principle of autonomy also emphasised that consent is obtained from the patients before any procedure is done according to (Searle & Pera 2009:96). The results from the professional nurses 52% (n=19) were in harmony with the above results from second year pupil nurses which meant that they were well developed morally.
5.10.4 Item 58: Observe Patients Rights For Refusal Of Treatment

This item was included in order to assess the skills and knowledge of the pupil nurses in observing the patients rights for refusal of treatment. Respecting the rights of the patients for refusal of treatment is expected from any nurse as every citizen has freedom of choice. The table above reveals that the majority of pupil nurses 44% (n=22) strongly agreed to observance of these rights. They were followed by 42% (n=21) who also agreed and 14% (n=7) pupil nurses were not sure. No one disagreed to this item. The results from the professional nurses were similar as they agreed with the results from the pupil nurses.

5.10.5 Item 59: Observe Rights For Fair Treatment Of Patients

This question was included with an aim of evaluating second year pupil nurses if they observed this right of fair treatment to all patients. This might determined their growth in their morality. The table above reveals the following results that 48% (n=24) of pupil nurses forming the majority strongly agreed that they observed this right of fair treatment, 40% (n=20) also agreed to this. According to (Pera & vanTonder 2011:25) this principle should be observed as fair treatment to patients ensure equal treatment to all. The last 12% (n=6) respondents were not sure, and none of them disagreed to failing to observe the right to fair treatment, meaning that most of the pupil nurses were morally developed as expected at their level.

5.10.6 Item 60: Right to Be Treated As Human Beings

This item was included in order to determine if pupil nurses treated the patients as human beings as they rendered care to them. The table above shows that 68% (n=34) of pupil nurses strongly agreed that they observed this right, 30% (n=15) of them also agreed that this right was observed. Only 2% (n=1) of the pupil nurses was not sure if they did this or not. This implies that autonomy was observed. No pupil nurse disagreed to this right.
5.10.7 Item 61: Maintain Respect For The Dignity Of Patients

It was important to include this item as the researcher wanted to find out if second year pupil nurses maintained the respect for the dignity of the patient during nursing care or not. The table above indicates that 60% (n=30) pupil nurses strongly agreed that they maintained respect for dignity of the patients, while 36% (n=18) of them also agreed to this. This implies that they observed the principle of autonomy. Only 4% (n=2) of them were not sure and none of them disagreed.
5.11 SECTION J: PROFESSIONAL BEHAVIOUR

It became necessary to include this section of the questionnaire in order to determine how second year pupil nurses behaved towards the patients when providing nursing care. Second year pupil nurses had to indicate whether they A- agree, SA-strongly agree, N/S – not sure, D-disagree, SD- strongly disagree or not with the items below.

Table 24. Professional behaviour

<table>
<thead>
<tr>
<th>ITEM</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
<th>NS</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.Observed rules and regulations</td>
<td>21</td>
<td>42</td>
<td>27</td>
<td>54</td>
<td>2</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>63.Work within scope</td>
<td>14</td>
<td>28</td>
<td>23</td>
<td>46</td>
<td>3</td>
<td>6</td>
<td>8</td>
<td>16</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>64.Display respect for seniors</td>
<td>13</td>
<td>26</td>
<td>27</td>
<td>54</td>
<td>5</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>65.Relate to colleagues professionally</td>
<td>23</td>
<td>46</td>
<td>19</td>
<td>38</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>12</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>66.Work cooperatively with others</td>
<td>20</td>
<td>40</td>
<td>26</td>
<td>52</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>67.Follow channels of communication</td>
<td>19</td>
<td>38</td>
<td>23</td>
<td>46</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

5.11.1 Item 62: Observed Rules and Regulations

The table above shows that 54% (n=27) pupil nurses strongly agreed that they observed the rules and regulation of the profession, followed by 42% (n=21) who also agreed. Nurses should of course observe the rules and regulations as this guidethem when caring for the patients. The remaining 4% (n=2) of them replied that they were not sure and none of them disagreed. The professional nurses 42% (n=15) disagreed with the above responses from the pupil nurses that they observed the rules and regulations.
5.11.2 Item 63: Worked Within the Scope of Practice

It was important to include this item so as to evaluate if the pupil nurses observed their scope of practice in order to avoid illegal and unethical actions thus preventing litigation. Working within the scope of practice improves their moral maturity.

The above table displays that 46% (n=23) respondents strongly agreed that they worked within their scope of practice, while 28% (n=14) of them also agreed to this, 16% (n=8) of them responded that they were not sure, lastly 6% (n=3) pupil nurses disagreed. Most of professional nurses 58% (n=21) agreed to the above results, this is a sign of maturity of the pupil nurses.

5.11.3 Item 64: Display Respect for Seniors

The table above reveals that 54% (n=27) respondents strongly agreed that they displayed respect for seniors, 26% (n=13) agreed, 10% (n=5) were not sure, 4% (n=2) strongly disagreed and no one disagreed. This is a sign of good moral development. However 36% (n=13) professional nurses disagreed, meaning that not all pupil nurses displayed respect for seniors.

5.11.4 Item 65: Relate To Colleagues Professionally

The table shows that 46% (n=23) of the respondents agreed that they related to their colleagues professionally while 18% (n=9) of them strongly agreed to this fact, 12% (n=6) disagreed and only 4% (n=2) of them stated that they were not sure. Professional nurses 39% (n=14) were in disagreement with this response from the pupil nurses. This is very serious because good working relationships in the working situation ensure quality patient care. An urgent intervention will be required to curb this.
5.11.5 Item 66: Working Cooperatively with Team Members

This item was included because the researcher wanted to assess if the pupil nurses worked cooperatively with other team members in order to meet all the needs of the patients.

The table above shows that 52% (n=26) of the pupil nurses strongly agreed that they cooperated harmoniously with other team members, 40% (n=20) of them also agreed to this fact. These results were accepted because each and every nurse should work cooperatively with other team members. Others 6% (n=3) of the pupil nurses strongly disagreed that they worked cooperatively with other team members. The results from the professional nurses were confusing on this item because most of them 50% (n=18) agreed that pupil nurses worked cooperatively with the team members which was in contradiction with the item above concerning how they related to the colleague.

5.11.6 Item 67: Follow Channels of Communication

The table revealed that 46% (n=23) of pupil nurses strongly agreed to the fact that they followed the channels of communications and 38% (n=9) of them agreed to this fact while 4 (8%) of these respondents strongly disagreed to this fact. Most of the professional nurses 9 (28%) were not sure and the remaining 22% (n=8) disagreed. This is a sign that the pupil nurses were not fully developed morally in following channels of communications which is very important in nursing. The overall results were that second year pupil nurses were not all behaving properly which is a sign of immaturity.
5.12 SECTION K: ETHICAL PROBLEMS EXPERIENCED IN THE CLINICAL AREAS AND SUGGESTED SOLUTIONS

5.12.1 Item 68: Ethical Problems Experienced By Pupil Nurses In The Clinical And Classroom

This item was included so as to identify the problems experienced in the clinical areas and the classroom that may cause their slow growth in moral development while on training.

Table 25. Ethical problems experienced by pupil nurses in clinical and classroom areas

<table>
<thead>
<tr>
<th>ETHICAL PROBLEMS EXPERIENCED IN THE CLINICAL AND IN CLASSROOM BY THE PUPIL NURSES</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>· Learners misconduct</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>· Failed to practice what was taught</td>
<td>6</td>
<td>12%</td>
</tr>
<tr>
<td>· Communication breakdown between pupil nurses and professional nurses</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>· Lack of privacy</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>· Hierarchy</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>· Abused by enrolled nurses</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>· Lack of confidence</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>· Failure to allocate according to levels of training</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>· Disrespect for tutors and seniors</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>· No response</td>
<td>20</td>
<td>40%</td>
</tr>
</tbody>
</table>
The table above reveals that the pupil nurses experienced various problems in the clinical areas and in the classrooms.

The table above shows that most of pupil nurses 40% (n=20) did not respond, 12% (n=6) of the pupil nurses said that they were taught everything but failed to practice what was taught in the ward situation. 10% (n=5) of pupil nurses said that some pupil nurses or learners misbehaved in the wards while another 10% (n=5) replied that other pupil nurses did not respect lecturers and seniors. Some 6% (n=3) replied that they encountered lack of privacy to patients during their care. The other 6% (n=3) of pupil nurses responded that communication breakdown was the other problem that they experienced in the clinical areas. The other 6%(n=3) of the pupil nurses responded that the problem was a hierarchy or seniority in the wards which was not easy to follow. The 4% (n=2) of them replied that they were abused by the enrolled nurses. Another 4% (n=2) pupil nurses said that they were not allocated according to their levels or according to their scope of practice and 2% (n=1) of them lacked confidence in most cases when in the clinical areas.

Some of these problems might have contributed to the failure of pupil nurses from obtaining their full moral development. There is therefore a dire need for professional nurses in-charge to assist them in solving theses problems for proper development. The professional nurses 25% (n=9) identified lack of interest 22% (n=8) misconduct and 19% (n=7) mentioned failure of pupil nurse to correlate theory into practice as the problems they experienced from pupil nurses.

5.12.2 Item 69: Suggestions For Solutions Of Problems
This item was included so that solutions to problems were discovered in order to improve moral development of pupil nurses.
Table 26. Suggestions for solutions of problems

<table>
<thead>
<tr>
<th>SOLUTIONS</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tutors not to be too friendly with pupil nurses to encourage respect even to seniors</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>• Continuous teaching supervision and motivation of pupil nurses to implement what was taught</td>
<td>7</td>
<td>14%</td>
</tr>
<tr>
<td>• Treatment should be equal and to stop this hierarchy in order for pupil nurses to be helped also to stop abuse by enrolled nurses</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>• Following correct channels of communication, updating about any changes and ethics</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>• Avoidance of misconduct by observing principles of professional practice</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>• No response</td>
<td>22</td>
<td>44%</td>
</tr>
<tr>
<td>• N/A</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table above shows that the majority of pupils 44% (n=22) did not respond to this question and 14% (n=7) of them needed continuous teaching, supervision and motivation so that they could implement what they were taught for their moral development. 10% (n=5) of the respondents replied that the tutors should not be too friendly with other pupil nurses so that they will be better respected. Another 10% (n=5) of pupil nurses felt that hierarchy or seniority was a problem and should be stopped and everybody including themselves to be treated equally. They preferred flat structure. 8% (n=4) of the pupil nurses were of the idea that failure to follow correct channels of communications should be corrected by observing the channels of communications by all staff members including pupil nurses and that they should be updated about ethics and changes occurring. Another 8% (n=4) of respondents felt that misconduct by pupil nurses could be avoided by following the principles of professional practice. Lastly, 6% (n=3) of them felt that this was not applicable to them. Most of professional nurses 33% (n=12) did not respond which
was discouraging as the pupil nurses required some comments on their moral development. Another 33% (n=12) suggested that pupil nurses required continuous teaching.

5.13 CONCLUSION

This chapter has provided an overview of key findings as they related to the data collected from student nurses. The analysis provides insights from their perspectives and this was triangulated with the data collected from the professional nurses. The next chapter focuses on the results from the professional nurse survey questionnaire and presents the findings, the analysis and interpretation of data. Importantly the chapter will focus on bringing together the areas of agreement and disagreement between the responses from the student nurses and those form the professional nurses.
CHAPTER 6

PHASE TWO DATA COLLECTION: FINDINGS AND ANALYSIS OF PROFESSIONAL NURSES SURVEY DATA.

6.1 INTRODUCTION

In this chapter the results for the professional nurses supervising second year pupil nurses are discussed. A detailed overview of the responses from the professional nurses is provided, starting with more generic demographic data. In addition to the narratives, tables and graphs have been used for data presentation. (Polit and Hunger 2013:191) favour graphic display as the best in presenting data as it simplifies the analysis. The latter part of the chapter will present a comparison of noteworthy areas of agreement, differences and unanswered questions that have emerged from both the study student nurses and the professional nurses involved with them.

6.2 SECTION A: DEMOGRAPHIC DATA

The researcher obtained data from the professional nurses on their demographic data and residential area in order to find out about their gender, age group, marital status and area of residence.

6.2.1 Item 1: Gender Representation of The Respondents

In clarifying the nature of the professional respondent group, data on gender representation was elicited from participants and the following results when noted.
Table 27. Gender of the respondents

<table>
<thead>
<tr>
<th>GENDER</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4</td>
<td>12%</td>
</tr>
<tr>
<td>Females</td>
<td>32</td>
<td>88%</td>
</tr>
<tr>
<td>Total</td>
<td>N= 36</td>
<td>100%</td>
</tr>
</tbody>
</table>

The table above displays that there were more females 88% (n=32) and only 12% (n=4) males which proves that the nursing profession is still dominated by women, a situation which is difficult to change at present because it involves many attitudes and stereotypes. By nature females are patient, caring, loving, responsible and committed. Before nursing became a profession, they were referred to as wise women because of their nurturing skills according to (Mellish2011:7). Females were good in the socialisation of children, which might be easier for them to contribute greatly towards moral development of pupil nurses on training.

6.2.2 Item 2: Age Of The Respondents

This item was included because age goes together with experience and this may have a great influence in the moral development of second year pupil nurses on training.
Table 28. Age of the respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 25</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>25-34</td>
<td>8</td>
<td>22%</td>
</tr>
<tr>
<td>35-44</td>
<td>13</td>
<td>36%</td>
</tr>
<tr>
<td>45-54</td>
<td>11</td>
<td>31%</td>
</tr>
<tr>
<td>55 and above</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>N=36</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 28 above reveals that the majority of the respondents 36% (n=13) had ages ranging between 35-44 years and followed by 31% (n=11) with ages ranging between 45-54%. 22% (n=8) had ages ranging between 25-34, 8% (n=3) were above 55 years and only 3% (n=1) was below 25 years.

It could be noted that the majority of the professional nurses were mostly between the ages of 35-54 years of age as compared to pupil nurses. This ensures a greater likelihood that their life experiences would place them well to guide their nursing students about life lessons related to moral development.

6.2.3 Item 3: Marital Status Of The Respondents

Additionally, the marital status of professional nurse respondents was clarified and Figure 19 below provides a detailed overview of responses.
Figure 19, indicates that 50% (n=18) professional nurses were married, followed by 47% (n=17) who were single and only 3% (n=1) was divorced. Married professional nurses might help the pupil nurses in internalising nursing values in order that they become matured. This is because good professional nurses know that mutual acceptance, trust, respect and communication can aid second year pupil nurses to be morally conscience (Kruger 1998:118).

6.2.4 Item 4: Residential Area of The Respondents

A review of respondents residential location reelected that more professional nurses 83% (n=30) were from the urban areas 14% (n=5) were from suburban areas and 3% (n=1) were from the rural area. It could be argued that the differing locales presented different experiences and challenges to the professionals and their students. By virtue of their widened experiences it was useful to consider whether the professional nurses practising in urban areas had a wider breadth of exposure than their rural counterparts – this could make for greater resilience. Table 29 below provides an overview of respondents by place of residence.
Table 29. Residential area of the respondents

<table>
<thead>
<tr>
<th>Residential area</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>30</td>
<td>83%</td>
</tr>
<tr>
<td>Suburban</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Rural</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=36</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

6.3 SECTION B: EDUCATIONAL BACKGROUND

6.3.1 Item 5 Grade passed at school
This was included in order to identify the educational background or qualification of the professional nurses as this could enhance moral development of pupil nurses

Table 30: Grade passed at school

<table>
<thead>
<tr>
<th>Grade passed</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 8</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>8-9</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>9-10</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>10-11</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>12</td>
<td>36</td>
<td>100%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>N=36</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table shows that all respondents 100% (n=36). This is important as they will be able to express themselves when teaching pupil nurses
6.3.2 Item 6: Professional qualification

This item was included in order to identify the professional qualifications of the supervisors. The more the supervisors are qualified, the more they excel in supervising the students, and this lead to improvement in the moral development of students.

**Table 31: Professional qualifications**

<table>
<thead>
<tr>
<th>Professional qualification</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional nurses</td>
<td>28</td>
<td>77%</td>
</tr>
<tr>
<td>Senior professional nurses</td>
<td>6</td>
<td>17%</td>
</tr>
<tr>
<td>Chief professional nurses</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>n=34</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 30 reveals that 77%(n=28), 17%(n=6) and 6% (n=2). This shows that pupil nurses stand a good chance of being morally developed as professional nurses have a full understanding of ethos of nursing and professional practice.

6.4 **SECTION C: MORAL DEVELOPMENT BEFORE TRAINING**

This section aimed at determining the role played by the parents in building good moral foundation before the pupil nurses even started their training. Professional responses were elicited on these range of issues were. This should have been done as part of their socialisation.

6.4.1 Item 7: State of Moral Conduct of Nurses before Training

This question was included in order that professional nurses commented about pupil nurses state of moral conduct when they commenced nursing training.
6.4.2 Item 8: The Impact of The Community On The Moral Development of Pupil Nurses

This item aimed to find out from the professional nurses if pupil nurses were influenced by the community.

Figure 21. The impact of the community on the moral development of pupil nurses
6.4.3 Item 9: Effects Of Peer Group Interaction To Moral Development Of Pupil Nurses

This question was included in order to identify whether there was any effect of peer group interaction to the pupil nurses' moral development.

Figure 22. Effects of peer group interaction to moral development of pupil nurses

6.4.4 Item 10: Ways in Which Pupil Nurses Were Affected By Peer Group Interaction In Their Moral Development

Professional nurse respondents were asked to determine how they believed peer group interactions affected pupil nurses's perceptions of moral development. As indicated in Table 30 below, most of the pupil nurses 80% (n=40) did not respond, and 8% (n=4) of each mentioned the effects of clothing styles and change in behaviour.
Table 32. Ways in which pupil nurses were affected by peer group interaction in their moral development

<table>
<thead>
<tr>
<th>How do peer groups interactions affect pupils</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>By misbehaviour</td>
<td>13</td>
<td>36%</td>
</tr>
<tr>
<td>Lack of respect</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td>Mood changes</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Positively-respect</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>No response</td>
<td>10</td>
<td>28%</td>
</tr>
<tr>
<td>Total</td>
<td>N=36</td>
<td>100%</td>
</tr>
</tbody>
</table>
6.5 SECTION D: MORAL DEVELOPMENT DURING TRAINING

6.5.1 Item 11: Socialisation About Moral Conduct of Pupil Nurses During Commencement Of Training

Each of the professional nurses offered their views about how they perceived the moral conduct of pupil nurses as the beginning of their course of study. Figure 23 below provides a summation of feedback from respondents.

Figure 23. Socialisation about moral conduct of pupil nurses during commencement of training as stated by professional nurses

![Bar chart showing 78% yes and 22% no]

The above results reveal that the majority of respondents 78% (n=28) agreed to the fact that pupil nurses were socialised properly about moral conduct on commencement of training and only 22% (n=8) disagreed. The above results were encouraging because usually during commencement of training students do not behave as expected especially in the nursing profession. It could also be argued that these results are in contradiction with the above results obtained as the effects of peer group interaction where only one respondent mentioned that the effect was positive on commencement of training. However (Meyer, Naude and Van Niekerk2009:166) emphasised the importance of effective socialisation of the pupil nurses for productivity and provision of quality care.
6.5.2 Item 12: Reasons Mentioned For Indication Of Lack Of Socialisation Of Nurses On Moral Conduct

Some of the professional nurses had indicated that they believed that student nurses were not appropriately socialised and provided indicative behaviours that they associated with poor moralsocialisation. These are listed below in Table 33.

**Table 33. Reasons mentioned for indication of lack of socialisation of pupil nurses on moral conduct**

<table>
<thead>
<tr>
<th>Reasons mentioned</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of respect</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Negative attitudes</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Shouting in wards</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>28</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 33 confirms that 14% (n=5) of the respondents mentioned lack of respect as a indication of lack of socialisation which is very important in the nursing profession and 6% (n=2) mentioned negative attitudes towards patients. 3% (n=1) respondent stated that pupil nurses displayed lack of moral conduct by shouting at the patients and shouting at each other in the wards. 78% (n=28) were not applicable. All of the above mentioned behaviours are signs of lack of socialization about moral conduct; this is why it is important that lecturers are to teach moral conduct as socialisation of the students to the nursing profession which is a priority during their first year of training.
6.5.3 Item 13: Difference in Moral Development Between First Year And Second Year Pupil Nurses

It became necessary for this question to be asked in order to identify differences in moral development between first year and second year pupil nurses because if there was no difference it might be an indication that second year pupil nurses were not well developed morally inspite of their long experience on training.

**Table 34. Difference in moral development between first and second year pupil nurses**

<table>
<thead>
<tr>
<th>Difference in moral development between first year and second year pupil nurses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>42%</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>53%</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=36</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table above shows that the majority of the professional nurses 53% (n=19) disagreed that they noticed any differences in moral development between first year and second year pupil nurses and 42% (n=15) agreed to noticing the differences. These results seem to create a lot of problems because at second year each pupil nurse should display good moral development by behaving in a matured manner as compared to first year pupil nurses. It could be agreed that there was a need for extra tuition theoretically and through professional practice in order to facilitate their moral development especially at second year level. Pupil nurses at second year are expected to behave professionally and maturely as compared to the first years. This will be a sign of their moral development. This might be because the students do not gain knowledge and experience at the same way as they are individuals. Only 5% (n=2) professional nurses did not respond to this question. According to (Muller 2008: 166) pupil nurses at second year, should be able to
select most suitable alternatives for the solution of a problem after making a purposeful decision.

6.5.4 Item 14: Rational for Justifying Differences Between First Year And Second Year Pupil Nurses

The professional nurses that identified the differences were asked to comment about the reasons to justify the differences between first year and second year pupil nurses moral development.

**Table 35. Rational for justifying differences between first and second year pupil nurses**

<table>
<thead>
<tr>
<th>Rationale</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behave professionally and maturely</td>
<td>11</td>
<td>30%</td>
</tr>
<tr>
<td>High morals and more knowledge</td>
<td>4</td>
<td>12%</td>
</tr>
<tr>
<td>N/A</td>
<td>21</td>
<td>58%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 35 reveals that most of the professional nurses 30% (n=11) gave the reasons that second year pupil nurses behaved professionally and maturely which is what is expected from the second year pupil nurses. 12% (n=4) professional nurses stated that second year pupil nurses displayed more knowledge and displayed high moral standards. These behaviours are of course more expected from them as compared to the first year pupil nurses, the remaining 58% (n=21) professional nurses results were not applicable. (Meyer et al, 2009:78) stated that as part of professional development any nurse learner need to progress toward becoming responsible, accountable knowledgeable and skilled.
6.5.5 Item 15: Understanding of Ethical Concepts.

This question was included so as to determine if the second year pupil nurses displayed understanding of ethical concepts like values, morality, ethics, professional practice, and attitudes in the clinical areas. These concepts could influence the behaviours and moral development of pupil nurses and could be easily identified by any supervisor.

Table 36. Understanding ethical concepts like values, morality, ethics and attitudes in professional practice

<table>
<thead>
<tr>
<th>Ethical concept</th>
<th>Yes</th>
<th>Percentages</th>
<th>No</th>
<th>Percentage</th>
<th>No response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
<td>8</td>
<td>22%</td>
<td>18</td>
<td>50%</td>
<td>10</td>
<td>28%</td>
</tr>
<tr>
<td>Morality</td>
<td>7</td>
<td>19%</td>
<td>17</td>
<td>47%</td>
<td>12</td>
<td>33%</td>
</tr>
<tr>
<td>Ethics</td>
<td>11</td>
<td>31%</td>
<td>15</td>
<td>42%</td>
<td>10</td>
<td>28%</td>
</tr>
<tr>
<td>Professional Practice</td>
<td>8</td>
<td>22%</td>
<td>15</td>
<td>42%</td>
<td>13</td>
<td>36%</td>
</tr>
<tr>
<td>Attitude</td>
<td>10</td>
<td>28%</td>
<td>16</td>
<td>44%</td>
<td>9</td>
<td>25%</td>
</tr>
</tbody>
</table>

The table above shows the following results:

**Values**

50% (n=18) professional nurses responded that second year pupils did not understand the concept values, as they did not display any value to each other, to patients and their properties only 22% (n=8) agreed as they observed them when performing their duties and when involved in decision making. 28% (n=10) of the respondents did not respond to this question. (Geyer 2013:30) states that few nurses were able to make ethical decisions.
Morality

On morality 17 (47%) of the respondents disagreed that pupil nurses had an understanding of this concept because they did not adhere to norms of conduct. Only 19% (n=7) agreed to this question as some pupil nurses displayed adherence to the nursing profession and 33% (n=12) did not respond to the question and no reason was put forward for this.

Ethics

On ethics concept 42% (n=15) professional nurses also disagreed that second year pupil nurses understood the concept ethics as they sometimes misbehaved in the clinical areas and only 31% (n=11) agreed to this fact. 28% (n=10) did not respond. It is clear that pupil nurses needed further explanation and application of the concept ethics in practice as the professional nurses observed their misbehaviours.

Professional Practice

On the concept professional practice 42% (n=15) of the professional nurses claimed that pupil nurses had no better understanding of professional practice as they practiced unprofessionally, while 22% (n=8) agreed as pupil nurses displayed good professional practice. The other 36% (n=13) respondents did not respond. There appears to be a need of the assistance of pupil nurses by both nurse educators and professional nurses in the clinical areas otherwise they will experience problems on completion of their education and training.

Attitudes

With the concept attitude also 44% (n=16) professional nurses disagreed that the pupil nurses had good understanding of concept attitude judging from their attitudes towards the nursing profession, they also needed assistance in this. Only 28% (n=10) respondents agreed that pupil nurses displayed positive attitudes towards the patients and the nursing profession as a whole. It is clear from the above results, that most of the professional nurses were in disagreement that the pupil nurses had better understanding of the above mentioned concepts which form the basis of moral development. It could have happened that they knew the concepts but they experience problems in applying them in practice.
Even the professional nurses who did not respond to this question might have experienced problems in making comments for different reasons. The results obtained from the second year pupil nurses 36% (n=18) were in agreement with those of the professional nurses that they had no understanding of the concept attitudes.

It was then clear that the pupil nurses were somehow lacking in understanding some of these concepts as they failed to display them in the clinical areas as observed by the professional nurses which might demand their inclusion in their curriculum.

6.5.6 Item 16: To Determine Whether The Information Obtained During Tuition Was Enough To Enable Second Year Pupil Nurses To Practice Ethically And Professionally

This item was included so as to determine whether the information, the pupil nurses obtained during tuition was enough to enable them to practice professionally and ethically.

Figure 24. To determine whether the information obtained during tuition was enough to enable second year pupil nurses to practice ethically and professionally

![Bar Chart]

Figure 24 shows that the majority of the professional nurses 67% (n=24) agreed that the information obtained during tuition was enough to enable the pupil nurses to practice professionally and ethically. While 33% (n=12) stated that the amount of information obtained was not enough to enable them to practice professionally and ethically. But these results were in contradiction with the findings on understanding of concepts mentioned
above where the pupil nurses were found to be unable to demonstrate understanding of the concepts like values, morality, ethics, professional practice and attitudes by the same professional nurses in the clinical areas. This is confusing, as no one knows if they themselves understood these concepts.

6.5.7 Item 17: Information to Be Included During Tuition

This question was included with an aim of identifying the gaps that could be bridged by the nurse educators teaching them and the professional nurses supervising the second year pupil nurses for proper moral development.

**Table 37. Information to be included during tuition**

<table>
<thead>
<tr>
<th>Information to be added</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics and professional practice</td>
<td>14</td>
<td>38%</td>
</tr>
<tr>
<td>More lectures on supervision and discipline</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>No response</td>
<td>19</td>
<td>53%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>N=36</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table above reveals that the majority of the respondents 53% (n=19) did not respond and 39% (n=14) responded by stating that ethics and professional practice should be included and be taught more than anything else. 8% (n=3) commented that supervision and discipline were subjects that needed more attention. The higher number of the respondents who did not respond to this item was also amazing because if they themselves were not sure as to what could be added into the curriculum in order to improve the moral development of the pupil nurses, how do any body know if their comments after supervising the students were realistic. It is clear then from these results
that each and every professional nurse irrespective of the position should strive by all means to contribute to the moral development of the pupil nurses.

6.5.8 Item 18: Availability of The Copy of Code of Ethics In The Wards

This item was included so as to determine whether the copy of the code of ethics was displayed in the wards or not. This code is important as it can have a great impact on the behaviours of the pupil nurses and their moral development if it is read to them.

**Figure 25. Availability of the copy of the code of ethics in the wards**

![Bar Chart](image)

Figure 25 reveals that 56% \( (n=20) \) respondents had no copies of the code of ethics displayed in their nursing units. This is a discrepancy because second year pupil nurses could read it or be referred to it if it is hanging in the wards. Professional nurses need to be encouraged to display them in their wards. 44% \( (n=16) \) respondents agreed that they had ethical code hanged in the wards which was good as this emphasises ethically based care that should be rendered to the patients with respect to their culture, rights and dignity. Observing the code of ethics is an obligation to the nurses as it also emphasises commitment.
6.5.9 Item 19: Application of Ethical Principles by The Pupil Nurses

This item was included in order to do an evaluation of whether the pupil nurses were applying the ethical principles during their provision of care to the patients. Table 38 below offers a summary of respondent reviews.

**Table 38. Application of ethical principles by the pupil nurses**

<table>
<thead>
<tr>
<th>Ethical principles</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>No response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficence</td>
<td>15</td>
<td>42%</td>
<td>13</td>
<td>36%</td>
<td>8</td>
<td>22%</td>
</tr>
<tr>
<td>Autonomy</td>
<td>11</td>
<td>30%</td>
<td>15</td>
<td>42%</td>
<td>10</td>
<td>28%</td>
</tr>
<tr>
<td>Veracity</td>
<td>11</td>
<td>30%</td>
<td>14</td>
<td>38%</td>
<td>11</td>
<td>30%</td>
</tr>
<tr>
<td>Justice</td>
<td>13</td>
<td>36%</td>
<td>10</td>
<td>28%</td>
<td>13</td>
<td>36%</td>
</tr>
<tr>
<td>Fidelity</td>
<td>12</td>
<td>33%</td>
<td>16</td>
<td>44%</td>
<td>8</td>
<td>22%</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>16</td>
<td>44%</td>
<td>11</td>
<td>30%</td>
<td>9</td>
<td>25%</td>
</tr>
</tbody>
</table>

The table above displays the following results:

**Beneficence**

42% (n=15) professional nurses agreed that pupil nurses were applying the principle of beneficence by safeguarding the rights of the patients to ensure safety, 36% (n=13) of the respondents indicated that the pupil nurses were unable to apply this concept and 22% (n=8) did not respond to this question. The results from both sides were in harmony as the pupil nurses and professional nurses agreed that pupil nurses were able to apply the principle of beneficence and even the pupil nurses themselves stated that they had good knowledge of this ethical principle.
Autonomy

42% (n=15) professional nurses denied that the pupil nurses were able to apply autonomy ethical principle, 30% (n=11) respondents were of the idea that pupil nurses were able to apply the autonomy ethical principle during their care of patients and 28% (n=10) did not respond. It could be confirmed now that pupil nurses did not understand the ethical principle of autonomy as even the professional nurses disagreed that pupil nurses were able to apply it. Pupil nurses need some help in correcting this issue.

Veracity

Fourteen (38%) professional nurses stated that pupil nurses were not able to apply veracity during their patient care, 30% (n=11) respondents agreed and 30% (n=11) respondents did not respond to this question. According to the professional nurses pupil nurses were not able to apply this principle inspite of having knowledge of it, they also need some assistance for proper moral development.

Justice

Thirteen (36%) respondents stated that pupil nurses were able to apply justice principle when giving care to the patients while 28% (n=10) disagreed and 36% (n=13) did not respond. It is also encouraging that, professional nurses confirmed that pupil nurses were able to apply this principle in practice as they also stated of knowing its meaning in totality.

Fidelity

42% (n=16) professional nurses replied that the pupil nurses were not able to apply fidelity in the provision of nursing care, 33% (n=12) were able to apply it and 22% (n=8) did not respond. It could be highlighted on this principle that pupil nurses 60% (n=30) did not know the meaning of this principle and even professional nurses indicated that they were not able to apply it.
Confidentiality

44% (n=16) respondents agreed that pupil nurses were able to keep confidentiality concerning personal and patients matters and 30% (n=11) denied this. The remaining 25% (n=9) professional nurses did not respond. These results were in harmony as most pupil nurses 60% (n=30) had the knowledge of this principle and most of professional nurses 44% (n=16) also indicated that they were able to apply it in practice.

From the above findings it appears as if pupil nurses actually required more explanation and clarification by the nurse educators and professional nurses about the ethical principles so that they are able to apply them in the nursing of patients and to make proper decisions during ethical dilemmas. (Geyer 2013: 35) was right when saying that pupil nurses had a duty to respect patients' confidentiality.
6.6 SECTION E: MORAL DEVELOPMENT IN THE CLINICAL AREAS

6.6.1 Item 20: Professional nurse as good role models

This item was included in order to determine if the professional nurses displayed good behaviours as role models. This is important because it could greatly influence the moral development of pupil nurses as learners will always copy most of behaviours from their supervisors.

6.6.2 Item 21: Supervision of The Pupil Nurses By The Professional Nurses

This item was included to determine if the professional nurses supervised the pupil nurses when rendering patient care, for this supervision will ensure rendering of ethically based nursing care.

Figure 26. Supervision of the pupil nurses by professional nurses

The figure above shows that the majority of the respondents 92% (n=33) agreed that they supervised the pupil nurses in the clinical areas while 8% (n=3) responded negatively. The above results are encouraging because most of the time, professional nurses often
complained that they were not able to supervise the students because of high workloads. The supervision will eventually contribute positively by teaching pupil nurses how to render morally and ethically based nursing care.

It could also be very important to note that most of the pupil nurses 82% (n=41) agreed that they were supervised by the professional nurses in the clinical areas. This will ensure their proper moral development and improvement of their competences.

6.6.3 Item 22: Giving Pupil Nurses Opportunities To Freely Examine Conditions That Create Moral Issues

This item was included to identify whether the pupil nurses were given time by the professional nurses to practice by giving them the opportunities to freely examine conditions that created moral issues. This could have a great impact in their moral development.

**Figure 27. Giving pupil nurses opportunities to freely examine conditions that created moral issues**

![Pie chart showing 8% Yes and 92% No]

This figure 28 illustrates that 75% (n=27) of the respondents gave pupil nurses the opportunity to
examine cases that created moral issues like family planning, abortion, HIV/AIDS, confidentiality, strikes and other issues.

6.6.4 Item 23: Attitudes of Pupil Nurses Towards The Patients

This item was asked in order to identify whether pupil nurses displayed positive or negative attitudes towards the patients as attitudes are important in moral development. Figure 29 below reveals that the majority 78% (n=42) of the respondents agreed that pupil nurses displayed positive attitudes towards the patients, while 22% (n=8) responded that pupil nurses displayed negative attitudes. Displaying positive attitudes towards patients is a sign of maturity which reveals good moral development. The pupil nurses that displayed negative attitudes towards patients need more help and support in order to develop positive attitudes. Majority of pupil nurses 100% (n=50) agreed to the fact that they displayed positive attitudes towards the patients.

Figure 28. Attitudes of pupil nurses towards the patients

![Bar chart showing attitudes of pupil nurses](image)

6.6.5 Item 24: Allowing Pupil Nurses To Engage In Moral Reasoning

This question sought to determine whether the pupil nurses were given opportunity to practice moral reasoning in ethical dilemmas, as this will enhance their moral development.
This question sought to determine whether the pupil nurses were given opportunity to practice moral reasoning in ethical dilemmas, as this will enhance their moral development.

Figure 29. Allowing pupil nurses to engage in moral reasoning

The figure above shows that 81% (n=29) respondents allowed the pupil nurses to engage in moral reasoning while 19% (n=7) of the respondents did not engage the pupil nurses in moral reasoning. Moral reasoning is the key in dealing with ethical dilemmas as it helps in the differentiation of doing good and harm to patient care.

All the pupil nurses should always be made to engage in moral reasoning so as to solve moral problems encountered by the patients in the clinical areas this will be a sign that they will be morally and ethically well developed. The results from most pupil nurses 68% (n=34) were in harmony with those of the professional nurses.

6.6.6 Item 25: Success Of Pupil Nurses In Making Decisions

This item was asked in order to determine the ability of the pupil nurses in decision making at second year level. This is very important as it actually enhances moral growth.
Figure 30. Success of pupil nurses in decision making

The figure above indicates that the majority of the respondents 69% (n=25) were of the idea that the pupil nurses were successful in making decisions while 30% (n=11) of the respondents replied that pupil nurses were not successful. Making ethical decisions actually reflects who the nurse is and what her values and beliefs were. They are expected to utilize their personal values and professional values when making decisions when encountered with dilemmas. Those pupil nurses who were not able to do this need assistance from the professional nurses and the nurse educators by being confronted with certain complicated patient issues.
6.7 SECTION F: PERSONALITY OF PUPIL NURSES

This section was included in order to determine the characters of the second year pupil nurses. This is usually assessed when caring for the patients, as at this level they are expected to display good personalities.

Professional nurses in this section were supposed to agree, strongly agree, disagree, strongly disagree, or not sure, about personalities of the second year pupil nurses.

Table 39. Personality of the pupil nurses

<table>
<thead>
<tr>
<th>Personality</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
<th>N/S</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Cheerful and helpful all the time</td>
<td>13</td>
<td>36</td>
<td>5</td>
<td>14</td>
<td>8</td>
<td>22</td>
<td>7</td>
<td>19</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>27. Punctuality on duty</td>
<td>10</td>
<td>27</td>
<td>5</td>
<td>14</td>
<td>1</td>
<td>3</td>
<td>18</td>
<td>50</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>28. Wear clean and tidy uniform</td>
<td>24</td>
<td>67</td>
<td>5</td>
<td>14</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>29. Display self confidence</td>
<td>10</td>
<td>27</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>22</td>
<td>13</td>
<td>36</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>30. Report movement from the unit</td>
<td>11</td>
<td>30</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>6</td>
<td>15</td>
<td>41</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>31. Reliable</td>
<td>8</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>19</td>
<td>14</td>
<td>39</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>32. Trustworthy and honest</td>
<td>8</td>
<td>22</td>
<td>1</td>
<td>3</td>
<td>19</td>
<td>18</td>
<td>50</td>
<td>2</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>
6.7.1 Item 26: Cheerful And Hopeful

Table 39 above reveals results on cheerfulness and hopefulness of pupil nurses all the time. 36% (n=13) respondents agreed that pupil nurses were always cheerful and hopeful. This is advantageous for the patients as it could contribute to their speedy recovery. The other 22% (n=8) professional nurses were not sure, 19% (n=7) respondents disagreed while 14% (n=5) strongly agreed and only 8% (n=3) strongly disagreed. Majority of pupil nurses 50% (n=25) confirmed the results from the professional nurses that they were cheerful and hopeful and were never discouraged by any circumstances.

6.7.2 Item 27: Punctuality On Duty

On this item 50% (n=18) professional nurses disagreed that pupil nurses were punctual on duty. These results were indications that the importance of punctuality was to be emphasised very early on commencement of training so that by the time they were finalists, they display these qualities. 27% (n=10) respondents agreed, 14% (n=5) strongly agreed, 6% (n=2) strongly disagreed and only 3% (n=1) was not sure. Majority of pupil nurses 46% (n=23) agreed that they observed the rules of punctuality. The professional nurses results showed that pupil nurses were lacking in this aspect they therefore need assistance so as to develop morally. Observing duty hours is very important in the nursing profession.

6.7.3 Item 28: Wore Clean and Tidy Uniform

The table above displays that 67% (n=24) professional nurses agreed that pupil nurses wore clean and tidy uniform all the time, 14% (n=5) respondents strongly agreed, 8%(n=3) were not sure, and the other 8% (n=3) disagreed and only 3% (n=1) professional nurse strongly disagreed. According to the hospital etiquette, nurses should put on clean uniforms (Geyer 2013:27). From the above results it is clear that the majority of pupil
nurses seem to be observing the rules by wearing clean uniforms which is a sign of maturity.

6.7.4 Item 29: Displaying Self-Confidence

The table above reveals that 36% (n=13) respondents disagreed that the pupil nurses displayed self-confidence during practice, 27% (n=10) of professional nurses agreed, 22% (n=8) were not sure, 8% (n=3) strongly agreed and the remaining 6% (n=2) strongly disagreed. This is an indication that pupil nurses need more support and constant accompaniment by both nurse educators and professional nurses in gaining self-confidence. This self confidence was found to be lacking in the nursing profession as a whole as compared to other professions which is a sign of lack of moral development.

6.7.5 Item 30: Reporting Of Movements From The Nursing Unit

The results displayed on the above table shows that 41% (n=15) of the professional nurses disagreed that pupil nurses reported their movements. The pupil nurses need to be assisted in this aspect and should be encouraged to report their movements, 30% (n=11) respondents agreed to the reporting of movements by the pupil nurses while 22% (n=8) strongly disagreed and only 6% (n=2) respondents were not sure. Reporting movements is a sign of maturity, reliability and responsible behaviours which are expected at second year level of training as a result of moral development. Most of the pupil nurses 42% (n=21) agreed that they reported their movements, they were however disapproved by the professional nurses as indicated above.

6.7.6 Item 31: Reliability

The table above illustrates that 39% (n=14) who are the majority of the respondents disagreed that the pupil nurses were reliable. This is one of the characteristics of a good nurse which should be emphasised early on commencement of training so that the time they complete their training this forms part of their life, 22% (n=8) of the respondents agreed, 19% (n=7) disagreed strongly to this. It is therefore clear from the above results
that reliability was generally lacking in the pupil nurses, which may then reveal the fact that they were not fully developed morally. This seems to be a problem as this is a sign of lack of independence which is required in nursing. The pupil nurses 54% (n=27) replied that they were reliable but the professional nurses disagreed to their views.

6.7.7 Item 32: Trustworthiness and Honesty

The table 4.12 above shows that on trustworthiness and honesty, 50% (n=18) of the respondents disagreed that pupil nurses were trustworthy and honest, 22% (n=8) respondents agreed that they were trustworthy and honest, 19% (n=7) were not sure, 6% (n=2) strongly disagree and only 3% (n=1) of the professional nurses strongly agreed. The above findings were indications that some second year level pupil nurses lacked good moral development; these characteristics are a requirement for each and every nurse, as patient care suffers if provided by dishonest nurses. The results from the pupil nurses were positive as they stated that they were trustworthy and honest on duty.

It could then be argued that each and every professional nurse involved in training and education of pupil nurses should emphasize the importance of the above characteristics for effectiveness. That is why in the nursing update (Geyer 2013:30) stated that pupil nurses should be assisted to be trustworthy and honest as these are cornerstone of good moral characters of any nurse.

For the following statements professional nurses indicated whether they agree or strongly agree, not sure, disagree or strongly disagree to the following items:

**Key**

6.8 SECTION G: PATIENT CARE

This section was included in order to determine the behaviours of pupil nurses to patient care as stated below. It will show whether their behaviours were morally matured or immature.

Table 40. Patient care

<table>
<thead>
<tr>
<th>Care given</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
<th>N/S</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>33. Empathetic towards patients</td>
<td>19</td>
<td>53</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>25</td>
<td>5</td>
<td>14</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>34. Behave responsibly towards patients</td>
<td>15</td>
<td>41</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td>14</td>
<td>13</td>
<td>36</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>35. Render ethically based care</td>
<td>14</td>
<td>31</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>17</td>
<td>10</td>
<td>28</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>36. Listen to patients care</td>
<td>13</td>
<td>36</td>
<td>2</td>
<td>6</td>
<td>11</td>
<td>30</td>
<td>10</td>
<td>28</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>37. Friendly understanding and receptive to patients</td>
<td>16</td>
<td>44</td>
<td>3</td>
<td>8</td>
<td>4</td>
<td>12</td>
<td>12</td>
<td>33</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>38. Communicate with patients</td>
<td>18</td>
<td>50</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>14</td>
<td>9</td>
<td>25</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>39. Maintain good patient relationship</td>
<td>20</td>
<td>56</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>14</td>
<td>7</td>
<td>19</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>40. Know their responsibility</td>
<td>12</td>
<td>33</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>22</td>
<td>12</td>
<td>33</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>41. Display competence in cognitive</td>
<td>7</td>
<td>19</td>
<td>2</td>
<td>6</td>
<td>9</td>
<td>25</td>
<td>16</td>
<td>44</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>42. Demonstrate ability to function independently</td>
<td>11</td>
<td>30</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>17</td>
<td>15</td>
<td>42</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>43. Display fairness to all patients</td>
<td>20</td>
<td>56</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>14</td>
<td>9</td>
<td>25</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

Provision of quality patient care should be displayed by every nurse in different ways of behaviours. The following concepts were some of these behaviours that should be displayed by each student as they indicate their level of moral development.
6.8.1 Item 33: Empathetic Towards Patients

The table above indicates that the majority of professional nurses 52% (n=19) agreed that the pupil nurses were empathetic towards the patients, 25% (n=9) were not sure whether the pupil nurses were empathetic or not, 14% (n=5) disagreed, while 6% (n=2) strongly disagreed and only 3% (n=1) strongly agreed.

6.8.2 Item 34: Behaved Responsibly Towards Patients

The above table reveals that 41% (n=15) of professional nurses agreed that pupil nurses behaved responsibly towards the patients. 36% (n=13) professional nurses disagreed with this, 14% (n=5) were not sure and the remaining 6% (n=2) of the supervisors of the pupil nurses strongly agreed to the fact that pupil nurses behaved responsibly.

6.8.3 Item 35: Render Ethically Based Care

Referring to the results from the table above 39% (n=14) of professional nurses agreed that pupil nurses rendered ethically based care, 28% (n=2) of professional nurses disagreed, 17% (n=6) were not sure, 8% (n=3) strongly agreed and the rest 6%(n=2) of the respondents strongly disagreed.

6.8.4 Item 36: Listen to Patients' Problems And Responded Immediately

The results displayed in the table above indicates that 36% (n=13) supervisors of pupil nurses agreed that they listened to the patients problems and responded appropriately and immediately, 30% (n=11) were not sure, 28% (n=10) disagreed and 6% (n=2) respondents strongly agreed.
6.8.5 Item 37: Friendly Understanding And Receptive To Patients

The table above reveals that 44% (n=16) professional nurses agreed that the pupil nurses displayed friendly understanding and were receptive to patients, 33% (n=12) disagreed and 12% (n=4) were not sure, 8% (n=3) strongly agreed to this fact and only 3% (n=1) of the respondents strongly disagreed. These findings confirm that second year pupil nurses were well developed morally since understanding is a sign of maturity.

6.8.6 Item 38: Communicate with Patients Politely

The table above displays that 50% (n=18) professional nurses agreed that pupil nurses communicated politely with the patients, that is where the nurse uses her personality and communication skills. 25% (n=9) respondents disagreed, 14% (n=5) were not sure, 8% (n=3) strongly agreed and only 3% (n=1) strongly disagreed. Communicating with patients politely is a necessary skill that should be practiced by all the nurses because it is a sign of respect to mankind.

6.8.7 Item 39: Maintain Good Patient Relationship

The table above shows that 56% (n=20) professional nurses agreed that good patient relationship was maintained by the pupil nurses. This is one of the values that are to be observed by the nurses as stated by (Searle 2009:258) when they said that this is a special form of communication and it should be positive. The remaining 19% (n=7) respondents disagreed, 14% (n=5) were not sure 8% (n=3) strongly agreed and only 3% (n=1) respondent strongly disagreed to this fact. The results above are indications of maturity and good moral development of second year pupil nurses.
6.8.8 Item 40: Knew Their Responsibilities

The results on the above table were as follows: 33% (n=12) of the professional nurses agreed to the fact that pupil nurses knew their responsibilities. According to the SANC curriculum, the enrolled nurses must know their responsibilities in respect of patients, co-workers, employers and the SANC. This is confirmed by (Mellish 2011: 155) when she mentioned that the nurse is responsible to the patient employer and the profession etc. 33% (n=12) respondents disagreed that the pupil nurses knew their responsibilities, 22% (n=8) were not sure, 8% (n=3) agreed to this and only 3% (n=1) respondents strongly disagreed. This is a sign of good moral development as every nurse has own responsibility.

6.8.9 Item 41: Display Competence In Cognitive Affective And Psychomotor Skills

The table above indicates that the majority of the respondents 44% (n=16) disagreed that the pupil nurses displayed competence in cognitive, affective and psychomotor skills, 25% (n=9) were not sure, 19% (n=7) agreed, 6% (n=2) strongly agreed and another 6% (n=2) of the respondents strongly disagreed. According to (Searle and Pera 2009:197) quality nursing care rendered to patients depends on competency of nurses.

6.8.10 Item 42: Demonstrated Ability to Function Independently

The results above reveals that 42% (n=15) professional nurses disagreed that pupil nurses demonstrated the ability to function independently, 30% (n=11) of them agreed whilst 17% (n=16) were not sure, 6% (n=2) strongly agreed and only 3% (n=1) strongly disagreed. (Searle and Pera 2009:172) was right then by saying that nurses should be able to function independently and to use nursing judgement in assessing patients and in carrying orders prescribed by the medical practitioner. Inability of the pupil nurses to work independently might be an indication that they were not properly developed morally yet in this regard. The pupil nurses 56 % (n=28) however commented that they displayed this skill.
6.8.11 Item 43: Display Fairness To Patients

The table above indicates that 56% (n=20) professional nurses agreed that pupil nurses displayed fairness to all the patients. 25% (n=9) were not sure of this, while 6% (n=2) of them strongly agreed according to the results. The results from the pupil nurses 38% (n=19) were in agreement with those of the professional nurses. The above results are encouraging because it is important that each and every nurse should displays this fairness because it is a sign that they have already developed morally.
6.9 SECTION H: PATIENTS RIGHT

This section was important as the researcher wanted to evaluate if the pupil nurses respected or observed the rights of the patients when rendering care as this has a great impact on their moral development.

**Table 41. Patients rights**

For the following statements professional nurses had to state whether they agree, strongly agree, not sure, disagree or strongly disagree.

Key: A. Agree, SA- Strongly disagree, NS- Not sure, D- Disagree or SD- Strongly disagree.

<table>
<thead>
<tr>
<th>Patient’s Rights</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
<th>NS</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. Maintaining Privacy</td>
<td>17</td>
<td>47</td>
<td>3</td>
<td>8</td>
<td>4</td>
<td>11</td>
<td>9</td>
<td>25</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>45. Maintaining confidentiality</td>
<td>19</td>
<td>52</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>17</td>
<td>10</td>
<td>28</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>46. Always obtain consent before performing procedures</td>
<td>19</td>
<td>52</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>25</td>
<td>6</td>
<td>17</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>47. Observe patients rights for refusal of treatment</td>
<td>17</td>
<td>47</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>28</td>
<td>6</td>
<td>17</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>48. Observe rights for fair treatment</td>
<td>15</td>
<td>42</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>42</td>
<td>4</td>
<td>11</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>49. Respect rights to be treated as a human being</td>
<td>14</td>
<td>38</td>
<td>5</td>
<td>14</td>
<td>8</td>
<td>22</td>
<td>5</td>
<td>14</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>50. Maintain dignity of patients.</td>
<td>22</td>
<td>61</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>14</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>
6.9.1 Item 44: Maintaining Privacy

The table above reveals that 47% (n=17) professional nurses were of the idea that pupil nurse’s maintained privacy when rendering care to patients, who emphasized that nurses should maintain confidentiality and privacy when providing nursing care to patients. 25% (n=9) of professional nurses disagreed while 11% (n=4) were not sure. The remaining 8% (n=3) strongly disagreed. The above results are indications that pupil nurses were morally well developed because each patient has a need of this privacy as it is a sign of respect of patients’ dignity which is a requirement for all the nurses to do. These results are in agreement with those of the pupil nurses 64% (n=32).

6.9.2 Item 45: Maintaining Confidentiality

The above table displays that the majority of professional nurses 52% (n=19) supervising the pupil nurses indicated that they maintained confidentiality about patients. 17% (n=6) of the respondents were not sure, 28% (n=10) disagreed and only 3% (n=1) strongly disagreed. It could be argued that some of the pupil nurses at second year level were sometimes morally well developed as they respected patients’ rights. The pupil nurses 70% (n=35) commented that they maintained confidentiality during patient care.

6.9.3. Item 46: Always Obtain Consent Before Any Procedure

The results above reveals that 52% (n=19) professional nurses agreed that pupil nurses always obtained consent from the patients before doing any procedures and 25% (n=9) supervisors were not sure. According to (Young, van Niekerk and Mogotlane 2009:652) the patient is entitled to full explanation and consequence of the procedure to be done. The high percentage of professional nurses that were not sure indicates that these pupil nurses were not properly supervised, 17% (n=6) disagreed to this fact and only 3% (n=1) strongly agreed. Even if most of the pupil nurses obtained consent before any procedure, the few that failed to do this means that they needed more supervision and more explanation about the importance of obtaining consent. Most of the pupil nurses 70%
(n=35) strongly agreed that they obtained consent before doing any procedures, which is the sign of good moral development.

6.9.4 Item 47: Observe Patient Rights For Refusal Of Treatment

The results appears as follows on the table, 47% (n=17) respondents agreed that pupil nurses observed patients' rights for refusal of treatment, whilst 28% (n=10) were not sure, and 17% (n=6) disagreed and the rest 8% (n=30) respondents strongly disagreed and no one that strongly agreed. This is a sign of good moral development, as no patient should be forced to do something he/she does not like, as each and every person has a right to choose. Majority of pupil nurses 42% (n=21) agreed that this right was observed as stated by the professional nurses.

6.9.5 Item 48: Observe Rights for Fair Treatment

The results as stated on the table above reveal that 42% (n=15) supervisors agreed that rights for fair treatment were observed by the pupil nurses. Bill of Human Rights as stated in the Constitution emphasised fair treatment to all. The 42% (n=15) of the respondents were not sure, 11% (n=4) disagreed while only 6% (n=2) strongly disagreed and no professional nurse strongly agreed. The similarities with the results of professional nurses who agreed and those who were not sure make it difficult to conclude that pupil nurses were supervised because it is not clear whether this was observed or not or the reason was that professional nurses did not understand the question mentioned above. Almost all the pupil nurses agreed and others strongly agreed to observe these rights meaning that they viewed themselves as morally developed and matured.

6.9.6 Item 49: Respect Rights to be Treated As Human Beings

The table above displays that 38% (n=14) respondents agreed that pupil nurses treated patients as human beings not as objects. They therefore respected their rights, 22% (n=8) professional nurses were not sure, 14% (n=5) strongly agreed and another 11% (n=4)
respondents strongly disagreed. Humanistic approach to care is a sign of maturity of the second year pupil nurses which is expected at their level. These results were also confusing because the professional nurses, who agreed, strongly disagreed and those that were not sure were almost equal. It could also be noted that most of the pupil nurses agreed that they respected the rights of patients as human beings and no one disagreed. Hopefully this is what was happening in practice as this is a sign of moral development of second year pupil nurses.

6.9.7 Item 50: Maintain Respect for Dignity Of Patients

Referring to the results in the above table, 61% (n=22) professional nurses agreed that pupil nurses maintained respect for the dignity of patients, 14% (n=5) were not sure of this, 8% (n=3) of them agreed while another 8% (n=3) strongly disagreed.

Maintaining of respect for dignity of patients shows that pupil nurses at second year of training were morally well developed which is an important requirement. Maintaining respect for human dignity is also recommended by (Young, et al 2009:68). As a whole from the above results second year pupil nurses were found to be morally developed as they were evaluated by the professional nurses who found them to be very good in respecting patients’ rights which is the provision of quality nursing care. Almost all pupil nurses agreed and strongly agreed to be observing this right.
6.10 SECTION I: PROFESSIONAL BEHAVIOUR

The researcher included this section in order to evaluate the extent of professional growth of the second year pupil nurses at their final years. This has a great influence on their morality. For the following statement professional nurses were to comment whether they agree, strongly agree, not sure, disagree or strongly disagree on the statements.

<table>
<thead>
<tr>
<th>Professional Behaviour</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
<th>N/S</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>SD</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>51. Observing rules and regulations</td>
<td>12</td>
<td>33</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>25</td>
<td>15</td>
<td>42</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>52. Work within the scope practice</td>
<td>21</td>
<td>58</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>17</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>53. Display respect for seniors</td>
<td>12</td>
<td>33</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>13</td>
<td>36</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>54. Relate to colleagues</td>
<td>19</td>
<td>28</td>
<td>1</td>
<td>3</td>
<td>8</td>
<td>22</td>
<td>14</td>
<td>39</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>55. Work co-operatively with team members</td>
<td>18</td>
<td>50</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>10</td>
<td>28</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>56. Follow channels of communication</td>
<td>11</td>
<td>30</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>28</td>
<td>8</td>
<td>22</td>
<td>7</td>
<td>19</td>
</tr>
</tbody>
</table>
6.10.1 Item 51: Observing the Rules and Regulations

The table above denotes that 42% (n=15) professional nurses strongly disagreed to the observance of the rules and regulations by the pupil nurses while 33% (n=12) of them agreed to this and 25% (n=9) respondents were not sure. No one strongly disagreed. Failure of the pupil nurses to observe the rules and regulations is critical as they guide their practice. It means these pupil nurses required more information about the observance of rules and regulations from the professional nurse and nurse educators. These results were however in disagreement with those of the pupil nurses since the majority of them agreed and strongly agreed except only 4% (n=2) who were not sure.

6.10.2 Item 52: Work within the Scope of Practice

The table above reveals that 58% (n=21) professional nurses agreed that pupil nurses worked within the scope of practice as stated by SANC. 17% (n=6) disagreed to this while 8% (n=3) were not sure only 3% (n=1) strongly agreed and another 3% (n=1) strongly disagreed. These findings were accepted as the practice of every nurse is guided by the scope of practice. Observance of the scope is a sign of maturity at their level as they will not be involved in any misconduct, which may result in disciplinary actions by the SANC. The pupil nurses 42% (n=21) agreed together with their supervisors that they worked within their prescribed scope of practice.

6.10.3 Item 53: Display Respect for Seniors

The results of the above table shows that 36% (n=13) professional nurses disagreed that pupil nurses respected their seniors, 33% (n=12) agreed to this fact while 17% (n=6) strongly disagreed, 8% (n=3) strongly agreed and only 6% (n=2) were not sure.
It is clear from the above results that not all the pupil nurses respected their seniors. Respect for others means recognising and appreciating the interests of others which was not the case with second year pupil nurses. This is a sign of immaturity of which it needs to be corrected by all professional nurses supervising the pupil nurses. The pupil nurses agreed and strongly agreed that they respected their seniors. This disagreement in the results indicates that pupil nurses were not all morally well developed.

It would be advisable that these results are investigated further for effectiveness. Nurses disrespect of others especially seniors cannot be tolerated in the nursing profession.

6.10.4 Item 54: Relate To Colleagues Professionally

The table above indicates that 39% (n=14) professional nurses disagreed that pupil nurses related professionally to their colleagues, 28% (n=10) agreed to this while 22% (n=8) professional nurses were not sure, 8% (n=3) strongly disagreed and only 3% (n=1) strongly agreed. However the above results were indications that pupil nurses needed more information and guidance on professional practice as this was found to be inefficient. It is important to maintain professionalism in the nursing profession. According to (Kubheka 2006:44) professionalism involves the relationship of a committed nurse as a sudden call, mutual call for friendship from the depth of the person. Disagreements are also noted between the professional nurses and the pupil nurses as most of them agreed that they related professionally with their colleagues as opposed to the professional nurses. This is a sign of poor moral development on the part of the second year pupil nurses.

6.10.5 Item 55: Work Co-Operatively With Team Members

The table above shows that the majority 50% (n=18) of professional nurses were of the views that second year pupil nurses worked co-operatively with other health team members. That is why (Searle and Pera 2000:197) commented that co-operative work relationship among health team is vital in order to achieve nursing objectives. 28% (n=10) respondents disagreed, 8% (n=3) were not sure and only 3% (n=1) professional nurse
strongly agreed. It is clear from the findings that pupil nurses were mature enough as they were able to work co-operatively with other team members; this is a sign of good moral development. Pupil nurses 40% (n=20) agreed with the professional nurses as stated above.

6.10.6 Item 56: Follow Channels of Communication

The table above displays that 30% (n=11) professional nurses agreed that pupil nurses followed correct channels of communication, 25% (n=9) of them were not sure and 22% (n=8) disagreed, 19% (n=7) strongly disagreed and only 3% (n=1) of them strongly agreed. It could be argued that most of the pupil nurses failed to follow the proper channels of communication, which is a sign of immaturity. Although pupil nurses 38% (n=19) commented that they followed the channels of communication, generally there seems to be a problem experienced by the professional nurses concerning the behaviours of the pupil nurses. Something should be done about this because displaying good professional behaviours is a sign of maturity and good professional behaviour. Professional behaviour is the most important quality that each nurse should display in the nursing profession.

Generally it could be concluded that that there were some controversies between second year pupil nurses and the professional nurses. This is a pity that enrolled nurses are a type of nurses that are always next to the patients. So their moral development is important for provision of quality patient care which is really lacking in this regard.
6.11 SECTION J: PROBLEMS EXPERIENCED BY PROFESSIONAL NURSES WHEN TEACHING AND SUPERVISING SECOND YEAR PUPIL NURSES IN THE WARDS

This section was asked in order to identify the problems experienced by the professional nurses when accompanying second year pupil nurses in the clinical areas. If the problems experienced were severe this could affect moral development of pupil nurses and the nursing profession as a whole.

6.11.1 Item 57: Problems Experienced by Professional Nurses When Accompanying And Supervising Second Year Pupil Nurses In The Wards

Table 43. Problems.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to put theory into practice</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>Lack of interest in nursing</td>
<td>9</td>
<td>25</td>
</tr>
<tr>
<td>Misconduct</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>Lack of equipment</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>No response</td>
<td>10</td>
<td>28</td>
</tr>
</tbody>
</table>

The table above reveals that 28% (n=10) professional nurses did not respond, 25% (n=9) responded that pupil nurses lacked interest in nursing when taught, 22% (n=8) of the professional nurses mentioned that pupil nurses misbehaved in the clinical areas like displaying lack of respect as this was identified above by 53% (n=19) professional nurses. 19% (n=7) professional nurses said that second year pupil nurses never practiced what was taught and 6% (n=2) respondents stated that lack of equipment was the main problem as this negatively affected the proper setting and demonstration of nursing procedures. It
could be argued that lack of professional behaviours resulted in their misconduct and lack of interest for their seniors. These problems should be dealt with seriously in order to improve second year pupil nurse’s moral development which is so important in the nursing profession.

6.11.2 Item 58: Suggestions for Solutions

This question was included in order to obtain solutions for the problems identified from item 57 and other sections of this work which actually hinder moral growth and development of second year pupil nurses.

Table 44. Suggestions for solutions

<table>
<thead>
<tr>
<th>Suggestions</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach them continuously about issues of morality.</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Supervision in the clinical area</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Give assignments and presentations on morality.</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Encouragement of professional practice</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>No response</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Proper selection of pupil nurses</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
The table above shows that 33% (n=12) of the professional nurses stated that pupil nurses should be taught and be reminded continuously about moral issues until they were morally matured. Another 33% (n=12) of the respondents did not respond, 11% (n=4) replied that they should be supervised and followed up by clinical instructors as well as professional nurses so that they put theory taught into practice. The other 11% (n=4) professional nurses responded that pupil nurses should be given assignments and presentations so that they expand their knowledge on moral development, 8% (n=3) mentioned emphasis on professional practice as this was found to be lacking especially with professional behaviours, only 3% (n=1) professional nurse mentioned proper selection of pupil nurses for education and training. These issues are very important as professional behaviours is often not included in the tools for selection of new pupil nurses for training and are not emphasized on commencement of training.

6.12 CONCLUSION

In this chapter, data from the professional nurses was analysed interpreted and discussed as they responded to the questions on the state of moral development of the second year pupil nurse on training. It could be stated that from the findings of the pupil nurses and professional nurses, there were some arguments and disagreements concerning their state of moral development during their second year of training. These disagreements were mostly on issues that were very important in the nursing profession, which reflected that they were sometimes not fully developed morally. This should be of concern to each and every professional nurse supervising and teaching these pupil nurses. In the next chapter 7 summaries, conclusions, limitations and the recommendations were discussed.
CHAPTER 7

DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

7.1 INTRODUCTION

This chapter provides a summative overview of the study, and most notably the key findings from the study. Additionally, this chapter articulates the practice recommendations that have emerged from the study and finally, the conclusions that can be drawn from the discoveries. These will serve as a guideline for further scientific enquiry into the subject.

7.2 SUMMARY OF FINDINGS

The study was undertaken to investigate the moral development of second year pupil nurses training to become enrolled nurses. The study was confined to KwaZulu - Natal, hospitals in eThekwini and Ugu districts. Fifty (50) randomly selected second year pupil nurses and thirty six (36) randomly selected professional nurses supervising them were selected as study respondents. As an aide to reporting on the key summative findings, the summarized findings are thematically presented in line with each of the study objectives.

7.2.1. Objective 1. To determine the level of moral development of second year pupil nurses during their training

- The responses offered by professional nurses 42% (n=15) were in agreement with the results from pupil nurses 40% (n=20) with regard to their belief about how well they understood the concepts of professional practice. Additionally, 42% (n=15) of the professional nurses and 80% (n=40) of the pupil nurses were in agreement that they had knowledge of the application of principle of beneficence. On the principle of veracity, 30% (n=11) of the professional nurses and 30% (n=15) of the pupil nurses agreed that they were able to apply this principle of veracity in practical ward situations. Both the professional nurses 36% (n=18) and the pupil 34% (n=17) agreed that pupil nurses had knowledge on how to apply the principle of justice during the provision of nursing care to the patients. Majority of professional nurses 44% (n=16) agreed that 70% (n=35) pupil
nurses were able to maintain confidentiality, which is a sign of good moral
development. 82% (n=29) of the supervisors were in agreement with 68% (n=34)) pupil
nurses that they were engaged in moral reasoning before taking ethical decisions, this is a
good exercise that enabled pupil nurses to solve moral problems thereby developed
morally. There was noteworthy agreement between the views of the professional nurses
69% (n=25) and the pupil nurses 74% (n=37) with regard to using personal and
professional values in decision making. Similar results were provided by nurses and
nursing students with respect to the extent to which empathy and the need to be friendly
to patients were seen as critical to wider moral development. Similarly, both
respondent groups agreed that communication was the basis of all human relations and
the development of transparency through effective communication was positively
associated with moral development. Other important pre-requisite competencies that web
positively associated with moral development included general fairness to all patients, the
maintenance of key basic rights such as privacy, dignity for the patient, confidentiality and
prioritization of consent in all interventions with the patient. Both the professional nurses
and the pupil nurses were in agreement about the association of the above with more
developed professional morality.

All the responses provided by both responding groups similarly identified some behaviors
such as professional maturity in complex decision-making, making complex choices in
accordance with best practice and a strong sense of ethical behavior when identified by
both groups in central indicative components of moral development.

As a summative viewpoint, the second year pupil nurses showed themselves to have (in
many instances) understood and articulated the same competencies as those described
by professional nurses as the expected levels of practice. It was unclear from the findings,
what aspects of the communicated expectations translated to actual behavior in practice.

7.2.2 Objective 2. To Determine How Pupil Nurses Were Prepared for Moral
Development during Their Training

In the second objective off the investigation related to determining the ways in which
student nurses were prepared for moral development during that training. A series of
questions were posed to both groups in order to get insight into this aspect. Questions
that would targeted to both the professional nurses and the pupil nurses confirmed that the
supervision provided within the clinical setting did indeed promote the development of moral ethics among learners. The question relating to the level and type of supervision provided to learners confirmed that both the professional nurses and the pupil nurses felt that the supervision provided during placement gave adequate attention to issues related to moral development. Even so it was notable that the learner nurses (48%; n=24) indicated that their supervisors were not always good role models with respect to moral behavior. Similarly, the majority of professional nurses 56% (n=20) disagreed that Code of Ethics and Scope of practice were displayed in the clinical areas as a point of reference during the care of the patients while 56% (n=28) pupil nurses agreed about the presence of both documents as reference points contributed to their moral growth. The results are not in agreement.

Another issue that was considered referred to the extent to which student nurses felt that they were afforded adequate time to freely examine emerging moral dilemmas. Here, the majority of pupil nurses 50% (n=25) responded that they were given enough time to freely examine conditions that created moral issues, these results were in agreement with those of the professional nurses 75%(n=22) as they agreed that they gave pupil nurses enough time to freely examine conditions that created moral issues. Summatively, both the learners and professionals confirmed that the learning environments did offer opportunities for training on moral development but individuals needed to actively seek out appropriate role models among senior staff.

7.2.3. Objective 3. To Identify the Problems Encountered By Professional Nurses When Supervising Pupil Nurses In the Clinical Areas during Their Training

When respondents were asked to confirm the existence of problems experienced when teaching pupil nurses in the clinical area, a noteworthy proportion of the supervisors (28%) did not respond to this question. This was interpreted as indicating one of two possible views, that is, that no problems were encountered when teaching pupil nurses or that the question was too confidential for respondents to respond to. Other notable responses were that –
(25%) professional nurses mentioned that pupil nurses lacked interest when taught.
(22%) supervisors replied that pupil nurses misbehaved in the clinical areas for example
by showing a lack of respect.

- (19%) professional nurses said that the pupil nurses never practiced what was taught.

- (6%) supervisors stated that lack of equipment was the main problem, which in return
caused poor professional practice.
The genera tone of responses suggest that varied experiences existed and there were
indeed some problems encountered and these related to poor attitude and lack of
resources to support the development of moral practice among students.

7.2.4 Recommendations for Changes in Practice.

As a result of the study of moral development in both the pupil nurse group and among
those professional nurses, a number of recommendations for changes in practice have
been identified and are suggested below.

7.2.4.1 Moral development before Training

-The study showed that parental influence or socialization before entrance to nurse
training had important confounding influence and to that end, it was important to suggest
some changes that could be effected ahead of entrance to training. Beyond the need for
positive role modelling by parents, it is clear that the community and primary socialization
points should be given more directive responsibilities for promoting moral development as
a high school subject so that learners are sensitized to the importance of this. The
community should be motivated to continue with socialisation of the youth in a positive
manner by organising life skill orientation programmes. Matric, as the highest basic
educational level should be focused on encouraging all children before leaving school or
should be a requirement for training as a pupil nurse in order to promote understanding
during their education and training.
7.2.4.2 Moral Development during Training

There is clear need for greater prominence of moral development training within the nursing curricula. Curriculum of the enrolled nurses on ethics and professional practice should be more intensified than that of auxiliary nurses because enrolled nurses were the ones next to the professional nurses and they do more work and they are therefore more prone to litigations. Evaluation of nurse competence should have a distinct aspect that focusses on both ethics and moral behaviour as standalone testable competencies.

The overarching observation made in this study was that, students were under evaluated on ethics. When supervising pupil nurses during demonstrations of clinical skills, respect for human dignity should also be evaluated not competence only and should be evaluated in practical examinations.

In respect of this, learners should be specifically trained on ethical issues, moral reasoning or thinking, ethical principles and concepts, ethical dilemmas, and moral decision-making. These concepts should be used more often and pupil nurses should participate in debates and arguments about these moral issues like abortions, blood transfusion and consent forms (Connolly, Cox-White, Kelly and Leever 2009: 507).

Other related recommendations include the following:-

1. Ethics should be taught by senior nurse educators and professional nurses who are morally matured so as to instill responsibility, accountability and commitment to the second year pupil nurses.
2. Lectures on the ethical concepts and ethical principles especially autonomy should be given, support and motivation should be done in order to promote competence.
3. Nursing education should be adapted to the contemporary issues so as to increase moral reasoning, moral judgment and moral decision making in order to decrease occurrences of litigation.
4. The main objective of moral awareness or moral education should be clearly stated to second year pupil nurses, in order to produce a concerned, competent responsible well behaved and matured nurse who will render a safe ethically based and quality care with respect of human dignity.
5. Selection of pupil nurses on training should be done carefully by looking for good behaviours, respect, compassion, commitment, and good command of English language for better communication.

6. All pupil nurses should start by doing three months' probation training after which they are evaluated, those who failed the assessment or those who show no interest in nursing, should be redirected to alternative areas of practice away from nursing.

7.2.4.3. Moral Development in the clinical areas

The following recommendations are suggested as a result of the responses elicited on issues related to developing moral competence within the clinical areas:-

1. All professional nurses should act as role models for second year pupil nurses on training by displaying their behaviours, good communication, ethical practice, dignified dress code and vast knowledge and skills.

2. Important documents for example like the scope of practice and code of ethics should be displayed in the wards by all the professional nurses for the benefit of the pupil nurses.

3. Important manuals should be present for example file for the rules and regulations and procedure manuals with standardised procedures so that second year pupil nurses use these as guidelines in their clinical practice.

4. Supervision of second year pupil nurses by professional nurses, clinical accompanists and nurse educators should be strengthened and be done as required by the SANC with emphasis to maintaining dignity of the patient. This will assist pupil nurses in changing behaviours according to their levels of training.

5. Pupil nurses should be encouraged to stick to the principles when doing procedures.

6. Supervisors to ensure that monthly reports are written to evaluate moral development of all pupil nurses.

7. The ward managers should liaise with the lecturers in teaching ethics and history of nursing so as to keep abreast of the advances in nursing practice.

8. Clinical ethical components to be included in the workbooks so that ethical guidance is clear to the supervisors.
9. Pupil nurses that are found to be poor in making decisions should be given more chance to practice this exercise in order to perfect their skills.

10. Incentives or awards should be given to the pupil nurses with the best professionalism or good moral conduct. (Naude 2009:112).

11. Hospital etiquette should be re-enforced to all pupil nurses so that they improve on their punctuality, reporting their movements, reliability, honesty and trustworthiness to improve their morals.

12. Remedial teaching should be done on the importance of listening and responding immediately to the patients need as part of communication, demonstrations and practice are encourage to be done by the second year pupil nurses so as to improve their cognitive, affective and psychomotor skills. Nursing is nothing else but action therefore nursing care of high standard should always be rendered. Nursing is actually a service to mankind according to (Young, van Niekerk, and Mogotlane 2009: 67).

7.2.4.4 The Following Solutions of Problems experienced when supervising the pupil nurses in the clinical area were recommended and should be applied for promotion of their moral development

1. Teaching of second year pupil nurses in supervision to be continuously done as suggested by (33%) supervisors.

2. Pupil nurses to be supervised in the clinical areas by registered persons (11%) with the different specialties.

3. Pupil nurses to be given assignments and presentations as suggested by (11%) of professional nurses.

4. Professional second year pupil nurses as suggested by (8%) of professional nurses.

5. One supervisor (3%) suggested proper selection of prospective pupil nurses to enter training so as to improve their future moral development.
7.2.4.5 The following Recommendations for solutions of problems experienced in the clinical areas second year pupil nurses should be implemented

1. Pupil nurses (14%) suggested that they should be continuously taught, supervised and motivated to improve their moral development by their supervisors for effectiveness.
2. Some pupil nurses (10%) commented that supervisors should not to be too friendly with the second year pupil nurses in order to encourage respect to them as seniors.
3. Another (10%) suggested that all second year pupil nurses to be treated equally, hierarchy to be stopped also to guard against abuse by the enrolled nurses.
4. Other pupil nurses (8%) suggested that correct channels of communication are to be followed and to be simple and pupil nurses requested that to be updated on this issue.

7.3 LIMITATIONS OF THE STUDY

The study was confined to the clinical areas of KwaZulu –Natal Ethekwini District in the provincial hospitals, nursing schools and colleges. These included, Prince Mshiyeni Campus and Marianhill Nursing School where pupil nurses were taught by the nurse educators in the classroom, and Clairwood hospital, G.J Crooks hospital and Prince Mshiyeni hospital where the pupil nurses were allocated to do their clinical practice under the supervision of the professional nurses. The results therefore cannot be generalized beyond these institutions and similarly configured areas. Another limitation was that not much research was done on moral development. So no recent literature and recent results on research studies were found on the subject.

7.4 CONCLUSION

The study presents an investigation of a critical aspect of the nursing profession i.e. a study of moral development. This competence or attribute within nursing has, as the literature showed, been overlooked but yet speaks to the very essence of what nursing stands for. For that reason, the study takes a bold step in bringing attention to issues of
moral development. Varied findings were elicited from the respondents but in the main, they indicate that nursing students are not consistently well trained in moral development and issues related to ethical integrity and a more range of interventions must be enacted to make sure that moral development receives more focus within the nursing curricula both within the classroom and in the clinical placements that individual students are placed in. There is a need for widening the scope and increasing the intensity with which moral development is integrated into the total learning experience of the nurse student.

The study also highlights a need for the communities (within which potential learner nurses are raised), to create environments where morality is prioritised as a humane attribute that all should be fostered to develop. The schooling system also has a role to play.

The study presents wide-ranging recommendations for nurse educators, the learners themselves and communities at large and it is hoped that these will serve as a springboard for future action. As a summative view, the study has offered some important insights into the moral development of pupil nurses but it is very apparent that there is continuing need for further research in this field.
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The study presents wide-ranging recommendations for nurse educators, the learner themselves and communities at large and it is hoped that these will serve as a springboard for future action. As a summative view, the study has offered some important insights but it is very apparent that there is continuing need for further research in this field.
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09 March 2015
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ANNEXURE 1

QUESTIONNAIRE FOR PUPIL NURSES

You are requested to answer all the questions.
This information is required to complete a research study on your moral
development during your education and training.

Please indicate with a tick ☑ where applicable N/A where not applicable
and explain where needed e.g.

Gender: Male ☐
Female ☐

Feel free to answer because anonymity and confidentiality will be ensured.

SECTION A
PERSONAL PARTICULARS

1. Gender: Male ☐ Female ☐

2. Age group:
   Below 25 years ☐
   25-34 years ☐
   35-44 years ☐
   45-54 years ☐
   55 and above ☐

3. Marital status:
   Single ☐
   Married ☐
   Divorced ☐
   Widowed ☐

162
Any other please specify ____________________________

4. Place of residence:  
   Rural  □  
   Urban  □  
   Suburban  □  

Any other please specify ____________________________

SECTION B:
EDUCATIONAL BACKGROUND

5. Grade passed at school
   Below 8  □  
   8-9  □  
   10-11  □  
   12  □  

Any other please specify ____________________________

6. Academic Development
Level of education and training
   First year  □  
   Second year  □  
   Completed  □  

SECTION C
MORAL DEVELOPMENT BEFORE TRAINING

7. Did you obtain good moral foundation from your parents?  
   Yes  □  
   □  

No

8. Was there any guiding rules from your parents at home?
   Yes ☐
   No ☐

9. If yes, did they help you cope with the demands of the nursing profession?
   Yes ☐
   No ☐

10. Does the community have an impact on your moral development?
    Yes ☐
    No ☐

11. If yes, what impact did the community have on you?

12. Does your interaction with your peer group affect your morality?
    Yes ☐
    No ☐

13. If yes, how does it affect you?

SECTION D
MORAL DEVELOPMENT DURING TRAINING

14. Were you well socialized about moral conduct on the commencement of training?
    Yes ☐
    No ☐

15. If yes, what was said to you?


16. What was taught to you during the first year about ethics?

____________________________________________________________________

17. Was this enough to make you grow ethically and morally?
   Yes □
   No □

18. Which method of training did they use when teaching?
   Lecture □
   Discussion method □
   Role play □
   Simulations □
   Reflective thinking □

Any other specify _____________________________________________________

19. Was the program designed in such a way that you developed to full maturity?
   Yes □
   No □

20. If no, what is it that you feel they omitted?

____________________________________________________________________

21. Which of the ethical concepts do you understand?
   Values □
   Moral □
   Ethics □
   Professional practice □
   Attitudes □
22. Do you have enough knowledge about the following ethical principles?
   - Beneficence
   - Autonomy
   - Veracity
   - Justice
   - Fidelity
   - Confidentiality

23. What were you taught during your second year of training?

24. Is there any difference from the information given during the first year and the one given during the second year of training?
   - Yes
   - No

25. Do you think that was enough to enable you to provide professional and ethically based nursing care?
   - Yes
   - No

26. If no, what did you expect should have been included?

27. What methods of evaluation did your tutors use when evaluating your competence in moral development?
SECTION E
MORAL DEVELOPMENT IN CLINICAL AREAS

28. Are professional nurses in the wards good role models to you in order to develop morally?
   Yes
   No

29. If yes, what have you copied from them?

30. Are you supervised in the clinical areas in order to make sure that your practice is based on the code of ethics?
   Yes
   No

31. If yes who supervised you most of the time?
   Professional nurse
   Clinical instructor
   Nurse educator
   Doctors

32. Is the code of ethics and the scope of ethics displayed in the units for you to read?
   Yes
   No

33. If yes, did it contribute to your moral development?
   Yes
   No
34. Are you given an opportunity to freely examine the conditions that create moral issues?
   Yes [ ]
   No [ ]

**SECTION F: ETHICAL DEVELOPMENT**

35. How is your attitude towards patients?
   Positive [ ]
   Negative [ ]

36. Were engaged in moral reasoning before taking ethical decisions?
   Yes [ ]
   No [ ]

37. Were you successful in such decision?
   Yes [ ]
   No [ ]

**SECTION G: PERSONALITY**

For each of the following items indicate whether you agree, strongly agree, not sure, disagree and strongly disagree. Key: A-agree, SA-strongly agree, N/S- not sure, D- disagree, S/D - strongly disagree

<table>
<thead>
<tr>
<th>Personality</th>
<th>A</th>
<th>SA</th>
<th>N/S</th>
<th>D</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>38. Cheerful and hope all the time</td>
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<td>39. Punctual when coming on duty</td>
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<td>40. Wearing clean and tidy uniform at all times</td>
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<td>41. Report movement from unit</td>
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<td>42. Reliable and honesty</td>
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<td>43. Trustworthiness</td>
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</table>
SECTION H: PATIENT CARE

For each of the following items indicate whether you agree, strongly agree, not sure, disagree and strongly disagree

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>A</th>
<th>SA</th>
<th>N/S</th>
<th>D</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>44. Empathetic to patients</td>
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<td>45. Behave responsibly to patients</td>
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<td>46. Listen to patients problem and respond</td>
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<td>47. Friendly, understanding and receptive to patients</td>
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<tr>
<td>48. Communicate with the patients politely</td>
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<tr>
<td>49. Render ethically based care to patients</td>
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<tr>
<td>50. Maintain good patient relationship</td>
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<tr>
<td>51. Know responsibilities or obligations to patients</td>
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<tr>
<td>52. Display competency cognitive, affective and psychomotor skills</td>
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<tr>
<td>53. Display fairness to all patients</td>
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<tr>
<td>54. Demonstrate ability to function independently</td>
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</tbody>
</table>

Key: A-agree, SA-strongly agree, 
N/S- not sure, D- disagree, S/D - strongly disagree
SECTION I: PATIENTS RIGHTS

For each of the following items indicate whether you agree, strongly agree, not sure, disagree and strongly disagree

<table>
<thead>
<tr>
<th>Patients Rights</th>
<th>A</th>
<th>SA</th>
<th>N/S</th>
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<tbody>
<tr>
<td>55. Maintain privacy</td>
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<td>56. Maintain confidentiality to patients affairs</td>
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<td>57. Always obtain consent before performing any procedures</td>
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<td>58. Observe patients rights for refusal of treatment</td>
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<tr>
<td>59. Observe rights for fair treatment</td>
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<tr>
<td>61. Respect right to be treated as a human being</td>
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Key: A-agree, SA-strongly agree,
N/S- not sure, D-disagree, S/D - strongly disagree
SECTION J: PROFESSIONAL BEHAVIOUR

For each of the following items indicate whether you agree, strongly agree, not sure, disagree and strongly disagree

<table>
<thead>
<tr>
<th>Professional Behaviour</th>
<th>A</th>
<th>SA</th>
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<th>SD</th>
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<tbody>
<tr>
<td>62. Observe rules and regulation</td>
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<td>63. Work within scope of practice</td>
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<tr>
<td>64. Display respect for seniors</td>
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<tr>
<td>65. Relate to colleagues professionally</td>
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<td>66. Work co-operatively with others</td>
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<tr>
<td>67. Follow channels of communication</td>
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</table>

Key: A- agree, SA-strongly agree,
N/S- not sure, D- disagree, S/D - strongly disagree

SECTION K: ETHICAL PROBLEMS EXPERIENCED IN THE CLINICAL AREAS

68. What ethical problems are you experiencing in the classroom and clinical areas?

69. If any, what do you suggest for their solution?
ANNEXURE 2

QUESTIONNAIRE FOR PROFESSIONAL NURSES

You are requested to answer all the questions. This information is required to complete a research study on moral development during education and training of second pupil nurses.

Please indicate with a tick ✓ where applicable N/A where not applicable and explain where needed e.g.

Sex:  
Male □
Female □

Feel free to answer because anonymity and confidentiality will be ensured.

SECTION A
PERSONAL PARTICULARS

1. Gender:  
Male □
Female □

2. Age group:  
Below 25 years □
25-34 years □
35-44 years □
45-54 years □
55 and above □

3. Marital status:  
Single □
Married □
Divorced □
Widowed □

4. Place of Residence:  
Rural □
Urban □
Suburban □
Any other specify ______________________________

SECTION B
EDUCATIONAL BACKGROUND

5. Grade passed at school

Below 8
8-9
10-11
12

Any other specify ______________________________

6. Professional Qualification

Professional Nurse
Senior Professional Nurse
Chief professional Nurse
SECTION C
MORAL DEVELOPMENT BEFORE TRAINING
7. Do you think the pupils obtained good foundation of moral conduct from their parents
   Yes [ ]
   No [ ]

8. Do you think community has any impact to the moral development of the students?
   Yes [ ]
   No [ ]

9. Do you think the interaction with their peer group affect them morally?
   Yes [ ]
   No [ ]

10. If yes, how do they affect them? ___________________________________

SECTION D
MORAL DEVELOPMENT DURING TRAINING

11. Were the students well socialized about moral conduct on commencement of training?
    Yes [ ]
    No [ ]

12. If no, why do you say so? _______________________________________

13. Is there any difference in moral development between the first year pupil nurse and the second year pupil nurse?
    Yes [ ]
    No [ ]

14. If yes, why do you say that? ______________________________________
15. Do they display a good understanding of the ethical concepts in the world?
   Values
   Morality
   Ethics
   Professional practice
   Attitude

16. Do you think the information obtained during tuition was enough to enable them to
    pupil nurse to provide professional and ethical nursing care?
    Yes
    No

17. If no, what did you expect should have been included?

18. Do you have a copy of code of ethics displayed in the unit so as to enable them to
    grow or develop morally?
    Yes
    No

19. Are they able to apply the following ethical principles in the clinical areas?
    Beneficence
    Autonomy
    Veracity
    Justice
    Fidelity
    Confidentiality
SECTION E
MORAL DEVELOPMENT IN CLINICAL AREAS

20. Are you good role models for pupil nurses in order to develop them morally?
   Yes [ ]
   No [ ]

21. Are they supervised by the professional nurses in order to ensure that they render morally or ethically based nursing care?
   Yes [ ]
   No [ ]

22. Do you think they are given enough time or opportunity to freely examine the conditions that create moral issues?
   Yes [ ]
   No [ ]

23. How is the attitude of the pupil nurse towards the patient?
   Negative [ ]
   Positive [ ]

24. Do you ever allow the pupil nurse to be engaged in moral reasoning?
   Yes [ ]
   No [ ]

25. If yes, are they always successful in making that decision?
   Yes [ ]
   No [ ]
**SECTION F: PERSONALITY OF THE PUPIL NURSES**

For each of the following items indicate whether you agree, strongly agree, not sure disagree and strongly disagree

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>SA</th>
<th>N/S</th>
<th>D</th>
<th>S/D</th>
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<tbody>
<tr>
<td>26. Cheerful all the time</td>
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<td>27. Punctuality on duty</td>
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<tr>
<td>28. Wear clean and tidy uniform all the time</td>
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<td>30. Report movement from the unit</td>
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<td>31. Reliable nurse</td>
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<tr>
<td>32. Trustworthy</td>
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Key: agree - A, strongly agree - SA, not sure - N/S, disagree - D, strongly disagree - S/D

**SECTION G: PATIENT CARE**

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<tbody>
<tr>
<td>33. Empathetic to the patients</td>
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<td>34. Behave responsibly to the patients</td>
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<tr>
<td>35. Render ethically based care to patients</td>
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<tr>
<td>36. Listen to patients problems and respond immediately</td>
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<td>37. Friendly understanding and receptive to patients</td>
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<td>38. Communicate politely with the patients</td>
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<td>39. Maintain good patients relationship</td>
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<td>40. Know their responsibilities or obligation to the patients</td>
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<tr>
<td>41. Display competency in cognitive, affective and psychomotor</td>
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<td>42. Demonstrate ability to function independently</td>
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<tr>
<td>43. Display fairness to all patients</td>
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Key: agree - A, strongly agree - SA, not sure - N/S, disagree - D, strongly disagree - S/D
**SECTION H: PATIENTS RIGHT**

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<tr>
<td>44. Maintain privacy</td>
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<tr>
<td>45. Maintain confidentiality of patients affairs</td>
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<tr>
<td>46. Always obtain consent before performing procedures</td>
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<td>47. Observe patients rights for refusal of treatment</td>
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<td>48. Observe rights for fair treatment</td>
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<td>49. Respect right to be treated as a human being</td>
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<td>50. Maintain respect for dignity of person</td>
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Key = agree- A, strongly agree – SA, not sure – N/S, disagree – D, strongly disagree – S/D

**SECTION I: PROFESSIONAL BEHAVIOUR**

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<tr>
<td>51. Observe rules and regulations in practice</td>
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<td>52. Work within the scope of practice</td>
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<td>53. Display respect for seniors</td>
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<td>54. Relate to colleagues professionally</td>
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<tr>
<td>55. Work co-operatively with health team members</td>
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<td>56. Follow channels of communication</td>
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</tbody>
</table>

Key = agree- A, strongly agree – SA, not sure – N/S, disagree – D, strongly disagree – S/D
SECTION J : PROBLEMS EXPERIENCED BY PROFESSIONAL NURSES
WHEN TEACHING SECOND YEAR PUPIL NURSES

57. What ethical problems are you experiencing when teaching students in the clinical area?

______________________________________________________________

58. If any, what suggestions do you have for their solutions?

______________________________________________________________
The Superintendent General  
Natalia,330 Longman Street  
Private Bag X9051  
PIETERMARITZBURG  
3200

Dear Madam/Sir,

REQUEST FOR PERMISSION TO CONDUCT A CASE STUDY

Name : Mhlambi Tutu Eunice
Student Number : 20036228
Course : MA.CUR
Topic : Moral development of second year pupil nurses undergoing two year training course to be enrolled nurse in Kwa-Zulu Natal.
Supervisor : DR. R.M .Miya
University : UNIZULU

I therefore request for permission to conduct the above mentioned study to the second year pupil nurses training in your institution. The aim of the study is intended to improve the moral development of pupil nurses undergoing two year training to be enrolled nurses.

Yours Faithfully,

Mhlambi T.E.
DEPARTMENT OF HEALTH
PROVINCE OF KWAZULU-NATAL
OFFICE OF THE SUPERINTENDENT GENERAL

Natalia, 330 Longmarket Street, Pietermaritzburg, 3201
Private Bag X9051, Pietermaritzburg, 3200
Tel.: 033 395 2765 / 395 3176 / 395 2589, Fax.: 033 345 0792
Email.: fouskose@dohho.kznlt.gov.za

Reference: 9/2/3/R
Enquiries: Mrs L S Prinsloo

2005 - 12 - 3 0

Dear Mrs Mhlambi

PERMISSION TO CONDUCT RESEARCH STUDY IN KWAZULU-NATAL HOSPITALS

Your facsimile transmission dated 21 December 2005 refer.

Kindly be advised that authority is hereby granted for you to conduct a research study "Moral Development of Second Year Pupil Nurses Undergoing Training to be Enrolled Nurses in KwaZulu-Natal" provided that:

(a) Prior approval is obtained from the Heads of the institutions where research is to be undertaken;
(b) Patient care is not compromised;
(c) All interviews are to be conducted after hours or during lunch and tea breaks so as to ensure that there is no disruption of services;
(d) Confidentiality is maintained;
(e) The Department is acknowledged; and
(f) The Department receives a copy of the report upon completion.

Yours faithfully

SUPERINTENDENT-GENERAL
HEAD: DEPARTMENT OF HEALTH
KWAZULU-NATAL

Umnyango Wezempilo

Departement van Gesondheid
The Nursing Service Manager,
Prince Mshiyeni Memorial Hospital,
Private Bag X07
Mobeni.
4060

Dear Madam,

REQUEST FOR PERMISSION TO CONDUCT A CASE STUDY

Name : Mhlambi Tutu Eunice
Student Number : 20036228
Course : MA.CUR
Topic : Moral development of second year pupil nurses undergoing
two year training course to be enrolled nurse in KwaZulu
Natal.
Supervisor : DR. R.M. Miya
University : UNIZULU

I therefore request for permission to conduct the above mentioned study to the second
year pupil nurses training in your institution. The aim of the study is intended to improve
the moral development of pupil nurses undergoing two year training to be enrolled
nurses

Yours Faithfully,

Mhlambi T.E.
Mrs T.E. Mhlambi
P.O. Box 32857
MOBENI
4060

Dear Madam

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH STUDY

Your application to conduct a study refers:

1. Permission is granted to conduct a study in our facility.

2. Kindly contact Unit Managers when approaching their units.

3. Also seek approval from your target group, that is, Pupil Nurses and Professional Nurses.

Should you require any further information or assistance, do not hesitate to contact me or Mrs T.N. Kwela.

Thank you

N.E. SIBIYA
ACTING NURSING MANAGER
The Nursing Service Manager,
Clairwood Hospital
Private Bag X04
Mobeni.
4060

Dear Madam,

REQUEST FOR PERMISSION TO CONDUCT A CASE STUDY

Name : Mhlambi Tutu Eunice
Student Number : 20036228
Course : MA.CUR
Topic : Moral development of second year pupil nurses undergoing two year training course to be enrolled nurse in KwaZulu Natal.
Supervisor : DR. R.M. Miya
University : UNIZULU

I therefore request for permission to conduct the above mentioned study to the second year pupil nurses training in your institution. The aim of the study is intended to improve the moral development of pupil nurses undergoing two year training to be enrolled nurses.

Yours Faithfully,

Mhlambi T.E.
ENQUIRIES: MRS L.L.L. MONGOATO

Mrs T.E. Mhlambi
P.O. Box 32857
Mobeni
4060

Dear Madam

RE: APPLICATION – PERMISSION TO CONDUCT RESEARCH PROJECT.

Your letter dated 07/08/06 requesting to do the above research refers.

The students at Clairwood Hospital are attached to Private Nursing Schools. You are therefore requested to submit a written proof of permission to interview private school students from their school principals.

Permission is granted to you to conduct interviews to Professional Nurses during lunch times or after hours.

Please specify the dates of the interview.

Yours faithfully

[Signature]

NURSING MANAGER
The Nursing Service Manager,
G.J Crooks Hospital,
Private Bag x 5501
Scottsburg
4180.

Dear Madam,

REQUEST FOR PERMISSION TO CONDUCT A STUDY

Name : Mhlambi Tutu Eunice
Student Number : 20036228
Course : MA.CUR
Topic : Moral development of second year pupil nurses undergoing
two year training course to be enrolled nurse in KwaZulu
Natal.
Supervisor : DR. R.M .Miya
University : UNIZULU

I therefore request for permission to conduct the above mentioned study to the second
year pupil nurses training in your institution. The aim of the study is intended to improve
the moral development of pupil nurses undergoing two year training to be enrolled
nurses

Yours Faithfully,
Mhlambi T.E.
Reference: GJC 9/2/3/R  
Enquiries: Mrs SP Nyawo  
Telephone: (039) 978 7081  
8 August 2006

Mrs TE Mhlambi  
P O Box 32857  
Mobeni  
4060  

Dear Mrs Mhlambi  

PERMISSION TO CONDUCT RESEARCH STUDY IN KWAZULU-NATAL HOSPITALS

Permission is hereby granted for you to conduct a research study “Moral Development of second year pupil nurses undergoing training to be Enrolled Nurses in KwaZulu-Natal” at GJ Crookes Hospital provided that the following is adhered to:

a. Patient care is not comprised;

b. All interviews are to be conducted after hours or during lunch and tea breaks so as to ensure that there is no disruption of services;

c. Confidentiality is maintained.

d. The Department is acknowledged; and

e. The Department as well as GJ Crookes Hospital receives a copy of the report upon completion.

Yours truly,

[Signature]
HOSPITAL MANAGER
The Principal
ST. Mary’s Hospital Nursing College
1 Hospital Road
Marianhill
3610

Dear Madam,

REQUEST FOR PERMISSION TO CONDUCT A CASE STUDY

Name : Mhlambi Tutu Eunice
Student Number : 20036228
Course : MA.CUR
Topic : Moral development of second year pupil nurses undergoing two year training course to be enrolled nurse in KwaZulu Natal.
Supervisor : DR. R.M .Miya
University : UNIZULU

I therefore request for permission to conduct the above mentioned study to the second year pupil nurses training in your institution. The aim of the study is intended to improve the moral development of pupil nurses undergoing two year training to be enrolled nurses

Yours Faithfully,
Mhlambi T.E.
07 July 2006

Box 3285
Mobeni
4060

Re: permission for conducting a research

Topic: Moral development of pupil nurses undergoing training to be enrolled nurses in kwazulu Natal at St. Mary’s hospital college Mariannhill.

Dear Mrs T.E. Mlambe,

Your application for the above mentioned request was acknowledged and you are therefore given permission to conduct a research on the specific target population about the mentioned topic.

Yours faithfully,

[Signature]
M.E. MNCADI
COLLEGE PRINCIPAL

ST. MARY’S HOSPITAL
Nursing College, Mariannhill
(Association Incorporated in terms of section 21)
PRIVATE BAG X16 ASHWOOD 3605
TEL: 031 - 7171069
The Principal,
Prince Mshiyeni Nursing Campus,
Private Bag X10
MOBENI.
3610

Dear Madam,

REQUEST FOR PERMISSION TO CONDUCT A CASE STUDY

Name : Mhlambi Tutu Eunice
Student Number : 20036228
Course : MA.CUR
Topic : Moral development of second year pupil nurses undergoing
two year training course to be enrolled nurse in Kwa-Zulu Natal.
Supervisor : DR. R.M.Miya
University : UNIZULU

I therefore request for permission to conduct the above mentioned study to the second
year pupil nurses training in your institution. The aim of the study is intended to improve
the moral development of pupil nurses undergoing two year training to be enrolled
nurses

Yours Faithfully,

Mhlambi T.E.
20.01.2006

Mrs T.E. Mhlambi
P.O. Box 32657
MOBENI
4060

Dear Madam

PERMISSION TO CONDUCT RESEARCH STUDY AT PRINCE MSHIYENI CAMPUS

Your letter dated 13 January 2006 refer.

Kindly be advised that authority is hereby granted for you to conduct a research study Moral Development of Second Year Pupil Nurses undergoing training to be Enrolled Nurses in KwaZulu - Natal provided that:

a) Teaching of students is not compromised.
b) All interviews are to be conducted after hours or during lunch and tea breaks so as to ensure that there is no disruption of services.
c) The campus receives a copy of the report upon completion.

Yours faithfully

[Signature]
A.S. Radebe
Campus Principal

KWAZULU DEPT. OF HEALTH
PRINCE MSHIYENI NURSING COLLEGE
20 JAN 2006

PRIVATE BAG X10
MOBENI 4060
ETHICAL CLEARANCE CERTIFICATE OF COMPLIANCE

Certificate Number | UZREC 171110-030 PGM 2016/297
Project Title | Moral development of pupil nurses undergoing training to be enrolled nurses in KwaZulu Natal at St Mary hospital college Marlanhill
Principal Researcher/Investigator | TE Mhlambe
Supervisor and Co-supervisor | Dr M Miya
Department | Nursing Science
Nature of Project | Honours/4th Year | Master’s | Doctoral | Departmental

Mrs TE Mhlambe is a Masters candidate at the University of Zululand who has submitted her thesis for external examination. She registered her Master degree and collected data prior 2013, at the time the new formal procedures were still being put in place for assessing ethical compliance. She then received a provisional ethical clearance at faculty level which he then preceded collecting data.

She submitted a full letter explaining ethical compliance that she followed in collecting data. The committee considered the summary report of when and how the research was conducted together with all necessary documentation.

Having considered the documents submitted to me and the methodology employed in conducting the research, I hereby certify, on behalf of the University of Zululand’s Research Ethics Committee (UZREC), that the research complied with the University’s research ethics requirements.

Chairperson: University Research Ethics Committee
Deputy Vice-Chancellor: Research & Innovation
07 September 2016
ANNEXURE 16

To Whom It May Concern:

Date: 10/10/2016

Re: M. Cur Degree Dissertation : Title: STUDENT NURSE DEVELOPMENT: - A CASE STUDY OF SECOND YEAR STUDENTS UNDERTAKING ENROLLED NURSE TRAINING IN KWAZULU-NATAL

Client name: TUTU EUNICE MHLAMBI

This serves to confirm that the above identified mini-dissertation was edited and finalised by feraPHASE Academic and manuscript Editing services for language and format adherence in line with the Harvard (version 2.1) manuscript formatting requirements.

This was in preparation for submission IN ACCORDANCE WITH THE REQUIREMENTS FOR THE M. CUR DEGREE, IN THE DEPARTMENT OF NURSING SCIENCE AT THE UNIVERSITY OF ZULULAND.

Dr Sunil Sagoo

[Signature]

Director “feraPhase Academic and manuscript editing services.”
From: Respect mondli Miya <mondymia@yahoo.com>
Sent: 11 January 2017 12:25 PM
To: Mhlambi Tutu
Subject: Fw: Submission HSAG_2016_30 received by Health SA Gesondheid

Keep this as you proof that the article has been submitted

regards
Dr R.M. Miya : D. Lit et Phil (SA)
Senior Lecturer : Psychiatry
University of Zululand
Faculty of Agriculture & Science
Nursing Science Department
KwaDlangezwa Campus
Tel: +27 32 902 6515 fax 0865 494 883 cel:+27 83 710 3551

On Wednesday, January 11, 2017 12:18 PM, Health SA Gesondheid <EviseSupport@elsevier.com> wrote:

This message was sent automatically. Please do not reply.
Ref: HSAG_2016_30
Title: Student nurse development: a case study of second year students undertaking enrolled nurse training in KwaZulu-Natal
Journal: Health SA Gesondheid
Dear Dr. miya,
Thank you for submitting your manuscript for consideration for publication in Health SA Gesondheid. Your submission was received in good order.
To track the status of your manuscript, please log into EVISE® at:
http://www.evise.com/evise/faces/pages/navigation/NavController.jspx?JRNL_ACR=HSAG and locate your submission under the header 'My Submissions with Journal' on your 'My Author Tasks' view.
Thank you for submitting your work to this journal.
Kind regards,
Health SA Gesondheid

Have questions or need assistance?
For further assistance, please visit our Customer Support site. Here you can search for solutions on a range of topics, find answers to frequently asked questions, and learn more about EVISE® via interactive tutorials. You can also talk 24/5 to our customer support team by phone and 24/7 by live chat and email.

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Professional nurses' perspectives regarding moral development of pupil nurses in KwaZulu-Natal, South Africa.

Ms TE. Mhlambi (M. Cur Nursing)
University of Zululand
Faculty of Science and Agriculture
Department of Nursing Science
Private Bag x 1001
Kwa Dlangezwa
3886

Dr. RM. Miya, (D. Lit et Phil)
mondvmia@yahoo.com (Corresponding author)
University of Zululand
Faculty of Science and Agriculture
Department of Nursing Science
Private Bag x 1001
Kwa Dlangezwa
3886
0027 83 710 3551

Prof TP. Mhlongo (D. Lit et Phil)
University of Zululand
Faculty of Science and Agriculture
Department of Nursing Science
Private Bag x 1001
Kwa Dlangezwa
3886
Abstract

Aim and Objectives: The primary aim of the study was to investigate the moral development of second year pupil nurses undergoing training in institutions in KwaZulu - Natal. Secondary to a generic exploration, the study's secondary focus was on determining the extent to which moral development among these students, was facilitated by their course of study as trainee enrolled nurses.

Methodology: A primarily qualitative multi-approach study was undertaken. Interviews were scheduled for both second year pupil nurses (n=50). The schedule consisted of both structured questions and unstructured questions.

Results: The study revealed an unexpectedly high prevalence of reported lack in moral development, as perceived by students and professional nurses. Results suggested that this may be due to either a lack of specific development within the course of study and/or the possibility that affected student nurses still needed assistance by the professional nurses and the nurse educators in order to improve their moral development.

Recommendations and Conclusions: Based on these findings it was recommended that objectives of moral education should be clearly stated to pupil nurses. Moral education and training should be adapted to contemporary issues so as to increase moral reasoning, moral judgment and moral decision-making. Rules and regulations should be easily accessed by the pupil nurses. Supervision should also be strengthened within clinical learning environments.

Key notes: Moral development, student nurses, training, Ethics.
Background

Historically the global image of nursing has been centred on highly moral standards with nurse pioneers such as Florence Nightingale and Mary Searle, being revered for the personal sacrifices, high moral standards and for the altruist characteristics above all (Polit & Beck, 2004; Yoffie & Slind, 2011). The background has contributed significantly to societal expectations about the nursing philosophy. The virtue of caring supersedes all fundamental principles for the nursing fraternity, the fundamental principle of caring has been solely dependent on the acceptance of the high moral standards within which the nursing operations (Yoffie & Sind, 2011). A brief review of the many of the nursing models of care confirms the importance of morality and person-centeredness as key foundational attributes of nurses. The 21st century has seen progressive critical appraisal of nurses and fitness for practice with some contributors, identifying the erosion of morality among practicing nurses as perhaps the most significant threat to the sanctity of the nursing profession (Bjarnason & Lasala, 2011). The perceived erosion of the caring virtue and other humane attributes play centre-stage roles in the debates about the causal factors that have contributed to a general lack of belief in the “fitness for practice” of a significant number of practicing nurses (Weaver & Olson, 2006). The focus on the readiness of nurses for practice has been centred on a number of issues, that include the role played by the quality of the pre-registration studies; weaknesses in the selection of potential nurses and a generalized moral deterioration in society (Green & Jackson, 2014; Tseng, Wang, & Weng, 2013). The questions about the quality of tuition and the wider nurse-pupil learning experience have received significant attention with much of the critique suggesting that the profession has overly focused on “theoretical class-room knowledge” over the softer skills/attributes such as caring and moral development, all to the detriment of the ultimate care being provided to patients. These questions represent serious considerations especially within the context of the importance of nursing in any society. Typically, the proportion of health care workers within any country represent the single largest workforce with countries such as the United Kingdom, the United States of America, India and Brazil, all showing that heath care workers represent the single largest proportion of the workforce (Allan, Tschudin, & Horton, 2008; Sellman, 2011).
In keeping with the above-noted patterns, nurses in South Africa comprise of the largest proportion of the overall human resources for health in the country but also play a prominent role in the delivery of public district health services. Nursing is a well-established profession in South Africa with approximately 278,616 nurses registered/enrolled with the South African Nursing Council (SANC) to practice nursing at the end of 2015 (South African Nurse Council) (SANC, 2016). SANC is the national regulatory body that describes three categories of nurses as (i) registered or professional nurses who made up 49.1% (n=136,854) of those registered to practice; (ii) Enrolled nurse/midwife (also referred to as staff nurse) made up 25.2% (n=70,300). This is the category of practitioners who are trained for two years as an enrolled nurse and thereafter trained as a midwife. The latter group should not be confused with the new category of staff nurse provided for in the Nursing Act, 33 of 2005. Finally, the council has a category for Enrolled nursing auxiliary (also referred to as nursing assistant) and the group included 25.6% (n=71462) of auxiliaries who were enrolled to practice by 2015 (SANC, 2015b).

Within South Africa, the practice of nurses over the last ten to fifteen years has undergone major transition, influenced by a growing demand for health care, changes occurring in the health, political, economic and education sectors of the country. In South Africa, The Nursing Act No. 33 of 2005 created the legislative framework for the review of scopes of practice for different categories of nurses to ensure that nursing and midwifery practice is aligned to the needs of the health care system (DOH, 2010). Whilst most of the categories of nurses remained, a new mid-level nurse, the staff nurse, was created to replace the current enrolled nurse to resolve the challenges facing the restricted scope of practice of the current enrolled nurse that posed specific challenges for the category to participate effectively in the delivery of nursing services within different contexts.

Amongst the many other professional requirements, nurses are expected to demonstrate professional maturity and to display good moral development in order to render quality health care to patients (Van Tonder, 2011). All nurses, have moral and legal obligation to prevent medico-legal risks to patients and to portal a positive moral development marked by high standards of professionalism (Van Tonder, 2011). Violation of moral rules and failure to observe moral principles by pupil nurses
resulting may result to adverse effects to patients is an indication that of lacking moral development (Van Niekerk & Mogotlane 2004; Van Tonder, 2011).

In a study conducted in KwaZulu Natal regarding quality teaching and learning, (Miya, 2016) concluded that the South African higher education institutions is grappling with high numbers of undergraduate and postgraduate applicants. As education is a basic human right according to the South African Constitution, the delivery of higher education to South Africans is still being constrained by lack of adequate physical infrastructure development and human capacity. This seems mainly the experience of the formerly disadvantaged universities. Physical infrastructure development here refers to backlogs in the provision of adequate lecture venues, tutorial venues, study areas, office spaces and student accommodation. Human capacity refers to lecturer availability to facilitate teaching and learning to the large classes of the undergraduate students, however, Miya (2016) did not focus on the moral development of the nursing students which may contribute to the profession development and image preservation.

**Problem statement**

Globally, the nursing moral integrity and development is under scrutiny in developing and under developed countries, including South Africa (Van Tonder, 2011; Bjamason & Lasala, 2011). (Bjamason & Lasala, 2011; Mebrouk, 2008) suggest that most countries in the developing world have flawed practices which often fall short of the standards and ethical benchmarks by the World Health Organization (WHO, 2007). Nursing in South Africa is recognised as an indispensable component of health care system, which is faced with many challenges such as poor working conditions. These have adverse effects on nurses themselves such as lowering of their moral integrity resulting in poor standards of nursing care. Preparing nurses for the profession is a complex task facing nursing education especially when dealing with moral integrity, which is developed in order to prepare nurses to cope with numerous moral issues dilemmas that arise from scientific and technological progress (Van Tonder, 2011). Some explanatory frameworks have suggested that, nursing as a profession, is being chosen as a career because of perceived financial benefits
associated with it, rather than an individual's commitment to caring for others (Mkhize & Nzimande, 2007).

Despite several studies conducted to analyse the moral development challenges, Van Niekerk & Mogotlane, (2004); and Van Tonder (2011) indicate that moral degeneration is evident among the trained nursing personnel is attributed to the manifestations rather than the development. Studies indicate moral degeneration amongst trained personnel and little is known or attributed to teaching and learning hence the study sought to explore and describe moral development amongst nursing students in order to make informed recommendations to relevant stakeholders like teaching and learning institutions, prospective employers and significant others.

**Methodology**

**Research design of the study**

A both qualitative and quantitative, descriptive, explorative study was conducted through administration of the questionnaire to the research respondents. The researchers selected this design because the respondents were able to describe and quantify all challenges regarding the phenomenon under study. As expected, the focus on a quantitative design served as the basis for other methodological choices that were made with respect to the study. The relationship between the research design and other aspects of the methodology is acknowledged by Creswell (2009).

**Research setting**

The study was confined to the clinical areas of KwaZulu-Natal eThekwini district in the provincial hospitals and nursing schools. In total, three nursing schools were selected as study sites and one university campus site was additionally sampled as the place where students received their primary academic teaching. These included, Prince Mshiyeni campus which is situated at about twenty km south of Durban, Marianhill Nursing school (a private school which has two locations in Pinetown and Durban where clinical and classroom based learning takes place). In addition to the above, Clairwood Hospital was selected as a study site. Clairwood hospital is about
15km south of Durban, G.J Crooks hospital is found in south coast and Prince Mshiyeni hospital where the pupil nurses were allocated to do their clinical practice under the supervision of the professional nurses. The researchers considered different geographical factors in order to validate triangulation and to ensure avoidance of biasness and validity of study thus affirming the scientific value of the study (Creswell, 2009).

**Research population**

Brink, van der Walt & van Rensburg (2012) define population as an entire group of persons or objects that is of interest to the researcher in other words, that meets the criteria that the researcher is interested in studying. Similarly Polit & Beck (2010) state that a population is the entire set of individuals having some common characteristics. The target population consisted of second year pupil nurses training to be enrolled nurses who were doing their final year in the nursing schools and nursing colleges. The reason of selecting them was that they were expected to be morally matured as they had received all the knowledge, skills and content of all the subjects as required by the SANC at this level as compared to first year pupil nurses.

**Sampling and sample size**

Brink, van der Walt & van Rensburg (2012) describe sampling as the process of selecting the sample from a population in order to obtain information regarding phenomena in a way that represents the population of interest. A systematic random sampling was used to select the pupil nurses in the second year of study. Every second pupil nurse was selected from each nursing school or hospital until the initial target of 50 (n=50) responds was reached. The respondents were selected from a list of 100 (N=100).

**Data collection process.**

Data was collected via questionnaires. A questionnaire allows for gathering of self-report information from respondents through self-administration of questions.
According to (Brink, van Rensburg and van de Walt, 2012). The questionnaire is chosen because it allows the respondents to respond frankly and openly to the questions.

Questionnaires consisted of structured and unstructured questions, Likert scale questions (consisting of closed and open ended questions) where the respondents were to indicate whether they agreed, strongly agreed, not sure, disagreed and strongly disagreed, with suggested summative viewpoints. The questionnaires were distributed amongst the pupil nurses after explanation of what was expected of them.

Data analysis

Data analysis is the systematic organization and synthesis of research data (Polit & Beck, 2010). Data analysis was done electronically by the researcher with the support of a statistician. Primary data collection was done via a quantitative questionnaire which had both structured and unstructured questions. This process allowed for quantitative data that included small amounts of qualitative data and it is the presence of these different data forms that guided the data analysis process. Analysis of data from the questionnaire was done by using an electronic data-analysis package namely, the Statistical Package for the Social Sciences (SPSS) version 23. This analysis allowed for the collation of basic descriptive analysis outputs along with some inferential statistics which provided insights into potential relationships between different variables that related to moral development. The qualitative data that emerged from some of the questions within the questionnaire was analysed using a combination of generic thematic data analysis as described by Krippendorf (1986) and basic step-step analysis of data. To this end, elements of Colaizzi's seven step data analysis Framework (Colaizzi, 1978) were adopted. This process stipulates a seven-step format for analysing data and this centres on: 1. transcribing participants' descriptions. 2. Extracting significant statements related to the primary research question(s). 3. Creating and grouping into the themes, the formulated meanings (Leigh-Edward and Welch, 2011).
Ethical issues

To address the ethical issues the research proposal was submitted to the University of Zululand Ethics committee for approval. After the proposal was approved by the committee, the researchers approached the hospital's Chief Executive Officer and the Research Director in the KwaZulu-Natal Department of Health for supporting letters.

After the permission was granted by the above mentioned gatekeepers, the researchers explained the research process to the respondents and issued verbal and written informed consents to the respondents. The following information was given to the respondents prior to their participation in the study in an information and consent sheet.

- Participation in the study was voluntary
- Confidentiality maintained by preventing the data gathered during the study from being linked to individual respondents, divulged or made available to any other person.
- Anonymity was ensured by the investigators by keeping the identities/names of respondents secrete with regard to their participation in the research study.
- Respondents were able to withdraw from participating in the study at any time without any penalty and to ask for clarification about the purpose of the study.
- There was no direct benefit from the study
- The study did cause any harm to the respondents as the data collected was coded to protect them from harm and no lecturer was informed about students responses and their identity.
- The respondents were over the age of eighteen years and those with no physiological impairments or learning deficits.
- Data was analyzed independently, without any link to the respondent. For this purpose, informed consent did not request the respondent's full name but only numbers would be assigned to identify respondents.
- There was verbal acknowledgement of the assistance.
• Privacy was ensured by allocating the respondents in a classroom to answer the questions without noise or any disturbance.

Validity and reliability of the instrument

Face validity is the most obvious kind of instrument validity, which depends on the judgment made by the experts in the field. It is defined as relevancy of a test as it appears to test respondents. In other words, does the instrument look as though it will measure what is supposed to measure, it is therefore referred to as face validity (Polit & Hungler, 2013). This was achieved by visiting different institutions where target groups were found and offered explanations about the questionnaire and its purpose. Thereafter questionnaires were distributed to them for filling.

Content validity is evaluation done to check the efficacy of the instrument in representing all the various variables (Brink, 2012). This is referred to as measuring content in a specific area and it should cover all the aspects that need to be investigated. Questions formulated should cover all the aspect of the problem to be researched. This was achieved by formulating questionnaire based on the content validity after intensive literature search. The latter provided information on moral development of second year pupil nurses which formed the basis for good moral conduct. This was intended to establish if the items in the questionnaires measured what they were supposed to measure, that is how morally developed were second year pupil nurses (Polit & Hungler, 2013).

Reliability was concerned with the consistency, stability and repeatability of the informants’ accounts as well as the investigator’s ability to collect and record information (Brink, 2012). Reliability of the instrument was ascertained by the degree to which it provided the same information every time it was used. The reliability of an
instrument was assured by doing a pilot study on eight second year pupil nurses and such findings were not included in the main study. After that modifications and corrections were done so that it took about 40 to 45 minutes for each respondent to fill. The questions were also limited to the objectives of the study.

Findings and interpretation of data

Section A: Demographic data

To facilitate an informed understanding of the study population some basic demographic data was collected from each of the participants in this included information on their age, gender, marital status and place of habitation.

Item 1: Gender

Student nurses were largely female with 84% (n=42) confirming their gender is female, whilst males accounted for 16% (n=8) of study respondents. The findings confirm a generally accepted view that nurses are largely female with limited male representation in the profession. Table 1: below offers a diagrammatic breakdown of representatives by gender.

Table 1. Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Females</td>
<td>42</td>
<td>84</td>
</tr>
</tbody>
</table>
The study of representation by gender was an important consideration especially with respect to understanding how infected if at all gender had any role to play in times of moral development. The increasing numbers of males within the nursing profession raises considerations that are noteworthy. For example, Gilligan's theory (Gilligan, 2003) describes differences between females and male as follows: Moral reasoning of females is that they view themselves primarily as caretakers for vulnerable individuals and everyone else in need of care. This is one of the reasons that Gilligan and others have cited as the reason why the nursing profession is female dominated. Males' moral reasoning is oriented towards doing justice to others. With respect to the gender representation amongst nurses the South African Nursing Council (SANC) statistics at the end of 2015 was as follows. Female nurses were 280 786 and male nurses amounted to 26 878 290 (SANC, 2015). That is why they are also attracted to nursing and their numbers are increasing. In fact justice is one of the principles of ethics.
Item 2: Age Group

This question was included so as to identify the ages of the second year pupil nurses as age has a great impact on moral development because it is thought that the older the person is the more matured and morally developed.

Table 2: Age Group

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 25</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>25-34</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>35-44</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>45-54</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Above 55</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Responses from the students revealed that the majority 48% (n=24) of the pupil nurses were between 25-34 years, followed by 32% (n=16) who were below 25 years and 18% (n=9) aged between 35-44 and only 2% (n=1) was between 45-54 years of age. No one was above 55 years. It could be noted that the majority of the pupil nurses were old enough to display a mature level of moral development as they were between ages 25-44 years mostly. It could be argued that these pupil nurses had passed an adolescent stage of development, which is very confusing to the learners.
Item 3: Marital Status

Data on the marital status of respondents was collected and most of the students reported that they would single. Table 3, below provides a comprehensive outline of the responses and elicited from the respondents.

Table 3: Marital Status

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Single</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

As indicated above, 80% (n=40) of the pupil nurses were single not married followed by 18% (n=9) who were married and only 2% (n=1) of the respondents was divorced. The students and pupil nurses who were single are easily socialised in the nursing profession as they did not report experiencing changes in the social roles. Additionally, this group is believed to have less competing problems then married women and may be better placed to internalize professional values better and faster (Fitting, 2015). It is then hoped that moral development of these second year pupil nurses will be found to be very good. At the same time moral development of married pupil nurses could be found to be very good because they share different responsibilities with their families which might make them to be more accountable to their acts and omissions.

Item 4: Residential Area
Similarly, respondents will cost to report on whether they or originated from rural, urban or suburban backgrounds. Table 5 below provides a breakdown of respondents by residential area of habitation.

**Table 4: Residential Area**

<table>
<thead>
<tr>
<th>Residential area</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Urban</td>
<td>25</td>
<td>50</td>
</tr>
<tr>
<td>Suburban</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Respondents indicated that 50% (n=25) of second year pupil nurses resided in the urban areas. This was followed by 32% (n=16) of them who were from the rural areas and 18% (n=9) were from the suburban areas. On questioning, respondents perceived that originating from an urban area increased challenges when socialising with other students and could be perceived as a reason why individuals perceived others from urban areas as lacking respect and discipline at the same time pupil nurses from rural areas and suburban areas might be easily socialised as they always display respect to older people since they are better socialised by their parents, relatives and the public at large. As young children they are routinely taught about principles of good moral development though it might not be the same as those of the nursing profession. Professional nurses in the clinical areas might find them well behaved and very respectful.
Section B: Educational Background

Respondents were asked to provide information about their educational background and table 5, below provides summative overview of the responses received.

Table 5: Standard Passed at School

<table>
<thead>
<tr>
<th>Grade passed</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 8</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8-9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10-11</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>48</td>
<td>96</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

The table above shows that most of the pupil nurses passed standard 10-12 96% (n=48) as compared to those who passed standard 8-9 4% (n=2). This high standard of education of pupil nurses is appreciated as no one was found to be between grade 6-7 of education. This might contribute to their good moral development because they will have a better understanding of values, morals and ethics during their socialisation.
Section C: Moral development before training

Item 6: Good Foundation of Moral Conduct Obtained From Parents

Including this item was very important as it determines if pupil nurses obtained basic moral teaching from the parents as this might have a great influence on the pupils. The following responses were elicited from respondents:

Figure 1. Good Foundation of moral conduct from parents

The figure above reveals that the majority 96% (n=48) of the respondents obtained good foundations of moral conduct from their parents. The remaining respondents did not obtain their good foundations of moral conduct from their parents. This was a subjectively reported variable and it is important to note that responses and the interpretations shared were a result of this subjective process. Subjectivity is an
important influencing factor within this study area because the motivation related to developing moral behaviours is often guided by these.

**Item 7: Presence of Guiding Rules At Home**

This item was included because presence of guiding rules at home makes it easy for pupil nurses to abide by the professional rules and regulations of the profession they will be following up, this will affect their moral behaviours positively.

**Figure 2: Presence of guiding rules at home**

![Bar chart showing 94% yes and 6% no]

The majority of the respondents 94% (n=47) agreed that they had guiding rules in their homes while 6% (n=3) denied the presence of guiding rules. These guiding rules could contribute to the good state of moral conduct of the pupil nurses.
Item 8: The Stages Which Guiding Rules Helped the Pupil Nurses in Coping with the Nursing Profession

This item was included in order for the researcher to find out if the guiding rules helped the pupil nurses in coping with the nursing profession.

Figure 3: The state at which guiding rules helped the pupil nurses in coping with the nursing profession

The figure above reveals that the majority of the pupil nurses 86% (n=43) agreed that the guiding rules helped them in coping with the rules of the nursing profession as they formed their good foundations while 14% (n=7) denied that they were helped by these rules. It was noted that most pupil nurses obtained help in coping with the nursing profession through the guiding rule used by their parents. It could then be interesting to find out why 14% (n=7) pupil nurses failed to cope with the demands of the nursing profession in spite of the guiding rules taught by their parents.
Item 9: Impact of the community on moral development of pupil nurses

This item was included so as to determine the impact that the community had on moral development of the pupil nurses from their point of views.

Figure 4: Impact of the community on the moral development of the pupil nurses

The results displayed on figure 5.5 shows that the majority of the pupil nurses 64% (n=32) agreed that interaction with the community had an impact on their moral development while 36% (n=18) of the respondents disagreed that interaction with the community affected their moral development, none of the two groups through commented about their responses.

It is not known that this denial was because of lack of their moral development or because of their good moral development, which was in contrast with the community behaviours.
Item 10: Impact of the community on the pupil nurses

This item was included in order to identify the role played by the community towards the moral development of the second year pupil nurses. This might have a great influence to the behaviour of the pupil nurses.

Table 2: The impact of the community on the pupil nurses

<table>
<thead>
<tr>
<th>Impact of the community to the pupil nurses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational, self esteem</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Good behaviour/ Ubuntu and professional manners</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>No response</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Not applicable</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

The table above reveals that the majority of the pupil nurses 60% (n=30) did not respond to this question. This was followed by 20% (n=10) of them who responded that they were encouraged by good behaviours, good manners or ‘Ubuntu’ the community members had, 16% (n=8) of the pupil nurses replied that they were motivated to get educated and to have good self-esteem and 4% (n=2) of them stated that this was not applicable to them.
Item 11: The effects of peer group interaction to moral development of pupil nurses

The researcher asked this question so as to determine if the interaction with the peer group affected the morality of the pupils or not. Peer group might affect the moral behaviour in one-way or another.

Figure 5: The effects of peer group interaction to moral development of pupil nurses

The figure 5 above reveals that the majority of the pupil nurses 74% (n=37) were not affected by interactions with their peer group in their moral development while 20% (n=10) of pupil nurses agreed that they were affected morally by their peer group interactions. Adolescents should have knowledge in order to evaluate good or evil influences on their behaviours, otherwise if they were not they will be greatly and negatively pressured by peer groups to misbehave. 6% (n=3) respondents replied that peer group influence was not applicable to them. The inconsistency of the
responses from the two almost similar questions points to some of the information that second year pupil nurses did not want to reveal.

Item 12: Effects of peer group interaction

This item was included so as to note in which way the pupil nurses were affected by their peers.

Figure 6: Effects of peer group interaction

<table>
<thead>
<tr>
<th>Effects of peer group</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>Clothing</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Change in behaviour</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

The table above indicates that 80% (n=40) respondents did not respond, 8% (n=4) agreed that they were affected by peer group, by clothing, another 8% (n=4) responded that they were affected by their change in behaviour and 2(4%) of the pupil nurses stated that this was not applicable to them. However the response from the professional nurses was that pupil nurses were affected by their peers in several negative ways like misbehaving, lack of respect and mood changes and only 3% (n=1) mention positive effect of respect. From the above differences in the results
obtained from pupil nurses and professional nurses it is clear that pupil nurses were not aware of negative effects brought about by peers. At the same time second year pupil nurses did not want to expose their misbehaviours as they only mentioned changed in behaviour without any specifics.
Section D: Moral development during training

Item 13: Socialisation about moral conduct on commencement of training

This item was very important as it will give clarity to the researcher about the extent of socialisation of pupil nurses on commencement of training as this might have affected their behaviours and their moral development in future.

FIGURE 7: Socialisation about moral conduct on commencement of training

The chart indicates that the majority of the pupil nurses 70% (n=35) replied that they were socialised on commencement of training about moral conduct. This was followed by 24% (n=12) of the respondents who denied the fact that they were socialised on commencement of the course and 6% (n=3) of the pupil nurses did not respond. Socialisation is an important strategy that contributes to proper understanding about the course especially if the students were attending for the first time in any institution.
This is a sign that even if most of the pupil nurses were socialised about moral conduct, but not all of them behaved as it was expected.

**Item 14: Information given on commencement of training**

This item was included so as to find out about any information given on commencement of training as foundation for moral development.

**Table 3: Information given on commencement of training**

<table>
<thead>
<tr>
<th>Information given by pupil nurses</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information given on professional</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>conduct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulfilment of goals of education</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>34</td>
<td>68</td>
</tr>
<tr>
<td>N/A</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

The table above reveals that 68% (n=34) pupil nurses did not respond, 24% (n=12) replied that they were taught about professional conduct 6% (n=3) of the pupil nurses said it was not applicable to them and 2% (n=1) replied that they were told to fulfil their goals of education.
It is surprising that most of the pupil nurses 68% (n=34) did not respond to this question. This created some doubt whether they understood the question or not as moral conduct is a very important concept in the nursing profession let alone the foundations of moral conduct.

**Item 15: Information given during first year about ethics**

It is very important for this item to be included so as to find out what was taught and whether it was according to the curriculum of the SANC or not during the first year of training.

**Table 4. Information given during first year about ethics**

<table>
<thead>
<tr>
<th>Information given during the first year of training</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital etiquette</td>
<td>28</td>
<td>56</td>
</tr>
<tr>
<td>Rules and regulations</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Definition of terms</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Rights of patients</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
The table above shows that 56% (n=28) of the pupil nurses were taught about hospital etiquette while 10% (n=5) mentioned the rules and regulations of the nursing profession and 30% (n=15) did not respond. Only 2% (n=1) pupil nurse mentioned that she/he was taught about the definition of terms and another 2% (n=1) mentioned the rights of the patients. However what was taught was within the curriculum prescribed by the SANC.

It could also be noted that most of the pupil nurses were given lectures on hospital etiquette, which is very important as it provides conventional rules regarding correct conduct of a special occupational group. Hopefully the lectures will contribute favourably to their moral development.

**Item 16: Adequate information taught to pupil nurses during first year to make them grow ethically and morally**

This item was included so as to determine whether the content that was taught was enough to make pupil nurses to grow ethically and morally.

**Figure 8. Adequacy of information taught to pupil nurses during the first year to make them grow ethically and morally**
The figure above shows that the majority of pupil nurses 92% (n=46) was given enough information to make them grow ethically and morally. Being a good nurse doesn’t only demand theoretical knowledge and practical expertise, but also practical wisdom in order to acquire moral responsibility or virtue. This is achieved by socialisation. Only 8% (n=4) respondents denied that they were taught enough to grow morally and ethically. Hopefully at present at second year level this information enabled them to be morally developed. This will depend on the assessments that will be done on them by the professional nurses supervising them.

**Item 17: Methods used for teaching pupil nurses**

This question was included to identify the methods that were used to teach pupil nurses. This is because various methods of teaching are used, but what is important is to use the method that will suite the content offered for effectiveness.

**Table 5. Methods used for teaching pupil nurses**
<table>
<thead>
<tr>
<th>Method used for teaching</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>26</td>
<td>52</td>
</tr>
<tr>
<td>Lecture and discussion</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Discussion</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Lecture and presentation</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Different of them</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above reveals that the majority 52% (n=26) pupil nurses were taught by nurse educators using a lecture method of teaching, 24% (n=12) pupil nurses mentioned lecture and discussion, 12% (n=6) of them mentioned that different methods were used. 8% (n=4) of them mentioned lecture and presentation methods and only 4% (n=2) of them mentioned. That is why (Mellish & Brink, 2012) commented that a lecture method of teaching is not advisable as it encourages the students to become passive recipients of information without any active participation.

**Item 18: The extent to which the programme was designed so as to develop the pupil nurses to full maturity**

This item was included in order to find out if the content of the programmes was designed to develop the pupil nurses to full maturity or not.

**Figure 9: The extent to which the programme was designed so as to develop the pupil nurses to full maturity**
The above results shows that 84% (n=42) pupil nurses agreed that the programme enabled them to develop to full maturity while 16% (n=8) disagreed that the programme was designed to develop them to full maturity. From the above results it is clear that the majority of the pupil nurses benefited from the programme. It might have happened that the remaining pupil nurses did not benefit from the programme meaning that they would need more information in order to mature fully.

Item 19: Omissions identified from the programme

Pupil nurses were asked to identify certain omissions from the programme. This was done in order to fill in any information that was lacking.

Table 6. Omissions identified from the programme

<table>
<thead>
<tr>
<th>Omissions</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justice to patients</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Ethics</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Reflective thinking</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>N/A</td>
<td>42</td>
<td>84</td>
</tr>
<tr>
<td>-----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Total</td>
<td>N=50</td>
<td>100</td>
</tr>
</tbody>
</table>

The table above indicates that the majority 84% (n=42) responded that this was not applicable to them, 8% (n=4) of the pupil nurses mentioned that information on doing justice to the patients was omitted. 4% (n=2) pupil nurses mentioned ethics and another 4% (n=2) mentioned critical thinking. It is not clear though as to which part of ethics was omitted.

**Item 20: Extent of understanding ethical concepts by the pupil nurses**

This item was included in order to evaluate the extent of understanding of ethical concepts by the pupil nurses. Understanding of the ethical concepts would enable them to apply them in practice thereby developing their moral judgments.

**Table 7: Extent of understanding of ethical concepts by the pupil nurses**

<table>
<thead>
<tr>
<th>Ethical concepts</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>No response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
<td>17</td>
<td>34</td>
<td>20</td>
<td>40</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Morality</td>
<td>16</td>
<td>32</td>
<td>10</td>
<td>20</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Ethics</td>
<td>19</td>
<td>38</td>
<td>-</td>
<td>-</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td>Professional practice</td>
<td>20</td>
<td>40</td>
<td>16</td>
<td>32</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Attitudes</td>
<td>12</td>
<td>24</td>
<td>18</td>
<td>36</td>
<td>14</td>
<td>28</td>
</tr>
</tbody>
</table>
The table above shows that on:

**Values**

The majority of the pupil nurses 40% (n=20) disagreed that they had understanding of this concept, while 34% (n=17) agreed and 26% (n=13) did not respond. The results are indications that pupil nurses did not fully understand the concept. It could have made sense if every one of them was made to explain the concept in order to find their understanding of the concept. Lack of understanding of the concept value could hinder their moral development, as they will have no values to observe.

**Morality**

The results above reveals that the majority 48% (n=24) of the pupil nurses did not respond, 32% (n=16) agreed that they understood morality and only 20% (n=10) denied understanding of concept morality. This again might hinder their moral development because they will fail to understand as to what was morally good or bad.

**Ethics**

The table above reveals that 62% 9n=31) respondents did not respond, 38% (n=19) pupil nurses agreed that they understood the concept and none of them stated that this concept was not understood. The high number of those that did not respond is also a sign that they did not understand ethics in nursing and it will be easy for them to behave unethically but not be aware of it.

**Professional practice**

The majority of the pupil nurses understood the meaning of professional practice 40% (n=20), 32% (n=16) of them did not understand it and 28% (n=14) did not respond. It could be argued that those who mentioned the understanding of
professional practice will develop well morally as they will always strive to practice professionally in the clinical areas.

Attitudes

The responses displayed above shows that 36% (n=18) of the pupil nurses did not understand the term attitudes, while 28% (n=14) did not respond and 24% (n=12) of them responded positively. When the professional nurses were asked to indicate reasons for lack of socialization on moral conduct of pupil nurses 6% (n=2) of them mentioned negative attitudes that pupil nurses displayed. These negative attitudes seem not to be understood by most of pupil nurses and others did not respond. This might be the indication that pupil nurses will continue displaying negative attitudes towards the nursing profession and the patients without being aware. This is a challenge facing the nurse educators and professional nurses in the clinical areas, who will have to correct the situation by offering further and extensive socialisation of pupil nurses on attitudes so that they avoid further negative attitudes occurring, because displaying negative attitudes are a sign of poor moral development. In contrast 78% (n=42) professional nurses agree that pupil nurses displayed positive attitudes towards the patients as opposed to 22% (n=8) who disagreed. Generally there appears to be lack of understanding of all the ethical concepts that are so important for moral development.

Item 21: Knowledge of ethical principles

The question on knowledge of ethical principles was asked so as to find out the extent of knowledge of these ethical principles by the pupil nurses as they are important in decision-making when faced with dilemmas.
<table>
<thead>
<tr>
<th>Ethical principles</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>No response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficence</td>
<td>40</td>
<td>80</td>
<td>6</td>
<td>12</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Autonomy</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>60</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Veracity</td>
<td>15</td>
<td>30</td>
<td>11</td>
<td>22</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Justice</td>
<td>17</td>
<td>34</td>
<td>3</td>
<td>6</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Fidelity</td>
<td>12</td>
<td>24</td>
<td>8</td>
<td>16</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>30</td>
<td>60</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

The table above shows the following results on the knowledge of ethical principles by the pupil nurses:

**On Beneficence**

The majority 80% (n=40) of the respondents agreed that they possessed good knowledge of the meaning of beneficence, 12% (n=6) pupil nurses disagreed and 8% (n=4) did not respond. It could then be very much appreciated if they also can apply this principle in practice.

**Autonomy**

60% (n=30) of the pupil nurses stated that they had no knowledge of the meaning of autonomy, 20% (n=10) agreed that they knew and another 20% (n=10) did not
respond. It can be a real problem if 60% (n=30) pupil nurses did not know the meaning of autonomy because this might hinder their moral development ending up dependent to their seniors in decision making.

Veracity

The table above revealed also that only 30% (n=15) of the respondents who had knowledge of the meaning of veracity while 22% (n=11) did not know, and the highest 48% (n=24) of the pupil nurses did not respond. This means that very few of them had knowledge about the meaning of veracity and for the fact that most of them did not respond, was an indication that they need more emphasis on this principle for their maturity.

Justice

The table above shows also that, the majority 60% (n=30) of the respondents did not respond, 34% (n=17) pupil nurses agreed that they knew the meaning of the principle of justice, and 6% (n=3) of the pupil nurses had no knowledge. This shows that they lacked knowledge of the meaning of justice principle, which is very important in their nursing practice, as they will fail to apply justice to all the patients in the nursing unit.
Fidelity

The results display that 60% (n=30) respondents did not respond and this shows that they did not know about the principle of fidelity, 24% (n=12) agreed that they had knowledge, while 16% % (n=8) did not know about it.

Confidentiality

The majority of respondents 60% (n=30) stated that they had knowledge of confidentiality, 30% (n=15) did not respond and 10% (n=15) denied. The above mentioned ethical principles are very important in nursing practice for any nurse, because its application in practice means the nurse has good moral development. It is then clear that, they will have to be emphasised and included in the second year pupil nurses curriculum for effectiveness. Professional nurses 19% (n=7) identified the following as problems they experienced with pupil nurses failing to apply the theory gained into practice on ethical principles, 22% (n=8) mentioned misconduct and 25% (n=9) mentioned lack of interest. These problems might have been brought about by lack knowledge of the above principles.

Item 22: Subject content taught during the second year of training
This question was asked so as to identify the subjects that were covered during the second year of training so that if not much was covered they could be helped in closing the gaps in future.

Table 9: Subject content taught during the second year of training

<table>
<thead>
<tr>
<th>Subject content covered during the second year</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional practice</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Ethical concepts</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Rules and regulations</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>and code of ethics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morality</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>No response</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above shows that the majority of pupil nurses 40% (n=20) did not respond, 32% (n=16) of the respondents replied that they were taught professional practice, 10% (n=5) mentioned ethical concepts while another 10% (n=5) pupil nurses mentioned morality and 8% (n=4) mentioned rules and regulations and code of ethics. Moral development was aimed at teaching learner nurses to respect the patient’s rights, observe rules and regulations of the nursing profession and to
modify their behaviours by observing their role models which are professional nurses.

The majority of the pupil nurses did not respond to the questions on the content covered confirms the lack of interest in the profession and its events.

**Item 23: Differences between subject content taught during the first year and second year level of training**

The question was included in order to identify the differences between subject matter taught during first and second year level of training, so that if no differences, something should be done.

**Figure 10. Difference between subject content taught during first year and second year level**
According to the results shown by figure 5.10, 70% (n=35) respondents replied that there were differences between the subject matter taught during the first year and second year level of training and 26% (n=13) of the pupil nurses did not identify the differences. Only 4% (n=2) respondents did not respond to the question. The above results could mean that most of the second year pupil nurses identified the differences in the content, which is quite acceptable. By right there should be differences between the two for better moral growth and development. It was noted though that most professional nurses 53% (n=19) did not notice any differences in subject content on moral development between first and second year pupil nurses. The few 30% (n=11) professional nurses that identified the differences mentioned professional behaviour and maturity and 12% (n=4) mentioned more knowledge and high moral standards from the few second year pupil nurses.

**Item 24: Information enough to enable the pupil nurses to provide professional and ethically based nursing care**

This question was included in order to assess if the pupil nurses felt empowered enough to provide professionally and ethically based care or not.

**Figure 5. Information enough to enable the pupil nurses to provide professional and ethnically based nursing care**
The figure above reveals that the majority of pupil nurses (94% \(n=47\)) felt that the information given to them was enough to enable them to provide professionally and ethically based nursing care and 6% \(n=3\) of the respondents disagreed as 69% \(n=25\) said that they were able to make decisions and respected patients' rights. Although there were some disagreements on certain issues like respect of seniors, observing rules and regulations, relationship with colleagues, following channels of communication, reliability, reporting their movements in the wards and displaying confidence. These issues need to be looked into. Also on item 15 on understanding of ethical concepts 44% \(n=16\) professional nurses disagreed that pupil nurses had good attitudes, as only 28% \(n=10\) of them agreed that pupil nurses displayed positive attitudes towards patients and the nursing profession as a whole. This is confusing as in item 23 professional nurses 78% \(n=42\) which is the majority stated that pupil nurses displayed positive attitudes.

**Item 25: Expected Information**

This question was included in order to obtain from the pupil nurses as to whether the information they expected to be provided with in order to provide ethically and professionally based nursing care was relevant or not to their practical needs.
Majority of the pupil nurses 94% (n=47) did not respond while 6% (n=3) of them responded that this was not applicable in other words they were not clear of what they expected to be provided with in their curriculum. These results however are not acceptable because each student is expected to have certain educational needs before any information is given on any subject. That is why the outcomes are stated clearly before any teaching and learning takes place. These results were indications that professional practice was a bit abstract which something is that need to be corrected for their good moral development.

**Item 26: Methods used when evaluating pupil nurses**

It became necessary to ask this question about the methods that there were used by nurse educators when evaluating pupil nurses in order to assess their relevance of moral development content.

**Table 16: Methods used when evaluating pupil nurses**
<table>
<thead>
<tr>
<th>Methods of evaluation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written tests and written exams</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Practical, orals</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Questions, workbooks</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Group discussions</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>27</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>N=50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The table above reveals that 54% (n=27) pupil nurses did not respond to this question, 28% (n=14) stated that they were evaluated by written tests and written examinations, 10% (n=5) mentioned practical and orals, while 6% (n=3) of them stated questions and assessment of workbooks. Only 2% (n=1) respondent said that group discussions were used when being evaluated. It is clear from the above results that nurse educators when evaluating pupil nurses used various methods of evaluations. It is not known as to why most of them did not respond. It could also be argued that other methods of evaluation could have been used because of different moral issues and dilemmas involved in ethics for proper development of pupil nurses like debates, role plays, critical thinking, reflection, and through more group discussions. Written tests and examinations could have been used minimally.
Limitation of the study

The study was done in the selected campuses of nursing education on selected level of study within a certain nursing programme and as such the sample was not wholly representative of their wider province of KwaZulu-Natal. Within that consideration, it is noted that the findings cannot be generalised to other areas in KwaZulu-Natal or South Africa.

Secondly, although reassurances of confidentiality and anonymity were addressed in the information and consent sheet it is possible that some respondents offered responses that they thought would not impact future treatment – to this end, there was a specific acknowledged need for the research to evaluate whether participants’ answers reflected noteworthy levels of social desirability bias.
Recommendations

The study offered a range of insights into participants’ perceptions as they related to the moral development. To ensure application to wider practice contexts, participants’ views and the determinations from the background literature review were summarized into corrective service and practice recommendations as noted below:

1. Facilitation of moral development before nursing training:  a). The study showed that parental influence or socialization before entrance to nurse training had important confounding influence and to that end, it was important to suggest some changes that could be effected ahead of entrance to training. Beyond the need for positive role modelling by parents, it is clear that the community and primary socialization points should be given more directive responsibilities for promoting moral development as a high school subject so that learners are sensitized to the importance of this.

b). The community should be motivated to continue with socialisation of the youth in a positive manner by organising life skill orientation programmes. Matric, as the highest basic educational level should be focused on encouraging all children before leaving school or should be a requirement for training as a pupil nurse in order to promote understanding during their education and training.

2. Facilitation of moral development during nursing training: There is clear need for greater prominence of moral development training within the nursing curricula. Curriculum of the enrolled nurses on ethics and professional practice should be more intensified than that of auxiliary nurses because enrolled nurses were the ones next to the professional nurses and they do more work and they are therefore more prone to litigations. Evaluation of nurse competence should have a distinct aspect that focusses on both ethics and moral behaviour as standalone testable competencies.
References.


